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VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE

MELBOURNE

TUESDAY, 21 JULY 2015

(7th day of hearing)

BEFORE:

THE HONOURABLE M. NEAVE AO - Commissioner

MS P. FAULKNER AO - Deputy Commissioner

MR T. NICHOLSON - Deputy Commissioner

1 MR MOSHINSKY: Commissioners, the topic for today is housing
2 and homelessness. The picture that emerges is of a very
3 significant shortage of public housing and community
4 housing, referred to collectively as social housing. The
5 evidence that will be called today indicates that there
6 are massive waiting lists for public housing, with many
7 people in need having no realistic prospect of obtaining
8 public housing in the short to medium term.

9 For example, the evidence from the State
10 indicates that there are currently nearly 35,000
11 applications on the waiting list for public housing. This
12 compares to the total number of public housing properties
13 which is just under 65,000. Therefore, the waiting list
14 is more than half of the number of public housing
15 properties available.

16 The evidence will also show that there are
17 shortages of housing at every stage: crisis accommodation,
18 transitional housing and long-term social housing.

19 Another significant problem is a shortage of
20 affordable private rental properties. In this regard it
21 is important to consider government policies relating to
22 rental assistance and programs for vocational training to
23 assist people into employment. This is an area of
24 intersection between federal and state funding
25 responsibilities, as rental assistance in particular is an
26 area of Commonwealth funding.

27 How is the issue of housing and homelessness
28 related to family violence? The answer is that it is
29 related in a number of ways, in particular in the
30 following three ways: first, women and children who flee a
31 violent and abusive relationship often end up homeless due

1 to the shortage of affordable housing and social housing.
2 Second, because of that shortage of housing, women and
3 children are often forced to stay in violent and abusive
4 relationships, hence the absence of affordable housing and
5 social housing directly impacts on their experience of
6 violence. Thirdly, where perpetrators are excluded from a
7 home, they may end up homeless if they do not have other
8 accommodation. This increases the risk of reoffending and
9 the risk that the victim will permit him to return to the
10 house.

11 Across all cohorts, women, children and men,
12 family violence is a significant cause of homelessness.
13 The evidence will show that a significant proportion of
14 those seeking homelessness assistance are doing so because
15 of family violence. The State's evidence is that
16 35 per cent of those seeking homelessness assistance cited
17 family violence as one of the reasons. Other evidence
18 suggests that this may be a very conservative estimate.

19 In relation to the community consultations that
20 this Commission has conducted, housing or more
21 specifically the lack of appropriate housing and
22 accommodation options for women, children and men and
23 older people was raised in every consultation session.
24 The Commission heard how the lack of housing and
25 accommodation options is forcing reliance on caravan
26 parks, motels and boarding houses, which are often
27 substandard.

28 The Commission heard the public housing waiting
29 list is too long and the private rental market is too
30 expensive and too difficult to get into, particularly for
31 people with no rental history. Motel rooms often have

1 limited access to facilities for bathing and feeding
2 children.

3 The Commission was told no new youth refuge has
4 been opened in metropolitan Melbourne for 20 years, with
5 one agency quoting a 66 per cent turn-away rate for crisis
6 accommodation for young people, meaning they end up being
7 placed into unsafe, inappropriate accommodation.

8 There was divergence of opinion on refuge
9 accommodation, with some participants speaking positively
10 of their refuge experience, while others spoke about the
11 limitations arising from refuge policies, and limited
12 options for women with disabilities and women with
13 children.

14 There have also been many submissions received on
15 this topic and there is a high degree of consensus among
16 those submissions about what needs to be done. Indeed,
17 one submission was signed by 129 community organisations.
18 This submission contains four main recommendations
19 directed to the issue of housing and homelessness, and
20 I will read those four recommendations.

21 The submission called collectively on the
22 government to invest in these solutions: first, improving
23 measures to sustain tenancies and prevent homelessness for
24 women who can safely stay in their housing, including
25 strengthened programs such as Safe at Home responses, the
26 social housing advocacy and support program, legal
27 representation for women facing eviction and private
28 rental brokerage schemes.

29 Secondly, establishing a rapid rehousing program
30 to assist women and children escaping family violence to
31 be quickly rehoused with appropriate supports in place.

1 Thirdly, improving affordable housing pathways
2 for perpetrators of family violence to ensure they remain
3 engaged with relevant supports to help prevent the risk of
4 further violence.

5 Fourthly, developing a long-term affordable
6 housing strategy to address the soaring public housing
7 waitlist and increasing unaffordability of private rental
8 for low income Victorians.

9 These indicate some of the recommendations that
10 the Commission may wish to consider and which will be
11 examined in the evidence today.

12 Can I now outline the evidence to be called
13 today. In the first session we will have a panel of Jenny
14 Smith and Sarah Toohey to introduce some of the issues,
15 including the intersection of family violence and the
16 homelessness systems, the structure of housing responses
17 in Victoria, the role of poverty and the need for short
18 and long-term solutions.

19 Following that, we will have evidence from
20 Dr Angela Spinney, who will indicate some of the outcomes
21 of research in Tasmania, the pressures on the housing
22 market in Victoria and how to have effective Safe at Home
23 schemes.

24 Then we will have a joint session comprising
25 Heather Holst, Robyn Springall, Trish O'Donohue and Angela
26 O'Brien. One of the themes to be explored there is how
27 homelessness agencies can be the first responders and in
28 many cases are the only responders to family violence,
29 given the limitations on what Safe Steps, which is the
30 primary family violence responder, can do. They will look
31 at differing ways in which they are able to respond to

1 family violence.

2 Then we will call and hear evidence from Annette
3 Gillespie, the CEO of Safe Steps. Her evidence will
4 compare the New Zealand and Victorian responses to family
5 violence, explain how Safe Steps works, discuss the
6 present refuge system and explore some ways in which she
7 believes it should change.

8 Then, after lunch we will have joint evidence
9 from Lucy Adams and Antoinette Russo. They will discuss a
10 specialist project to protect tenancies and
11 recommendations for the reform of tenancy laws and
12 practices, and they will also deal with the topic of
13 brokerage moneys and how they can be utilised.

14 Then we will have evidence from Maria Hagias, who
15 is from South Australia. She will describe the South
16 Australian integrated model for all forms of housing
17 support and also the different model for refuges which has
18 been adopted in South Australia.

19 Then, finally we will hear the State's
20 perspective when Arthur Rogers, the Director of Housing,
21 will give evidence.

22 Commissioners, that is an outline of the evidence
23 to be called today.

24 COMMISSIONER NEAVE: Thank you, Mr Moshinsky.

25 MS ELLYARD: If the Commission pleases, I will ask that

26 Ms Jenny Smith and Ms Sarah Toohey come into the witness
27 box and be sworn to give their evidence.

28 <SARAH TOOHEY, affirmed and examined:

29 <JENNIFER SMITH, affirmed and examined:

30 MS ELLYARD: Beginning firstly with you, Ms Smith, could I ask
31 each of you to outline the present role that you hold and

1 your relevant background and experiences?

2 MS SMITH: Yes, thank you. I am the CEO of the Council to
3 Homeless Persons, which is Victoria's peak body for all
4 individuals and organisations with an interest in and
5 commitment to ending homelessness.

6 MS ELLYARD: Your background and qualifications?

7 MS SMITH: My background is in social work and in public policy
8 and in management, and I have worked across mental health,
9 health, welfare and in government and in the community.

10 MS ELLYARD: Thank you, Ms Smith. Ms Toohey?

11 MS TOOHEY: I am the manager of policy and communications at
12 the Council to Homeless Persons. My background is in
13 social policy analysis and advocacy in a number of peak
14 bodies.

15 MS ELLYARD: Ms Smith, you indicated that the Council to
16 Homeless Persons is a peak body. Who are the members of
17 your organisation?

18 MS SMITH: In Victoria we have 150 specialist homelessness
19 service providers and also some family violence service
20 providers would also be members of CHP.

21 MS ELLYARD: How are you funded?

22 MS SMITH: Predominantly our funding comes from the State
23 Government, although we also raise funds to produce our
24 national homelessness publication, Parity, and we also
25 derive small membership funds from our members.

26 MS ELLYARD: And what does the council do? What are the key
27 activities in which it engages?

28 MS SMITH: We seek to influence both Federal and State policy
29 with a view to ending homelessness. We provide the
30 State's homelessness advocacy service which is a
31 pre-complaints service, a first port of call, outside of

1 services provided. We lead consumer participation in our
2 sector and beyond, and also seek to support our sector
3 through training and capacity building activities.

4 MS ELLYARD: The two of you have made a joint statement to the
5 Commission which is dated 14 July 2015. Are you both in a
6 position to say that the contents of that statement are
7 true and correct?

8 MS TOOHEY: Yes.

9 MS SMITH: Yes.

10 MS ELLYARD: You have attached to your statement a copy of the
11 submission that the council has made to the Royal
12 Commission.

13 MS TOOHEY: Yes.

14 MS SMITH: Yes.

15 MS ELLYARD: Thank you. At paragraph 13 of the statement you
16 speak about the intersection of the homelessness and
17 family violence systems. You indicated earlier, Ms Smith,
18 that amongst your membership are some family violence
19 organisations. What's the percentage of your members that
20 deal specifically or primarily with family violence
21 responses?

22 MS SMITH: We believe that of the 150 homelessness providers in
23 Victoria, about 20 would focus exclusively on family
24 violence and another 20 to 30 would provide specific
25 family violence services as part of their suite of
26 homelessness services.

27 MS ELLYARD: There is a historical link, at least in funding
28 terms, between the homelessness sector and the family
29 violence sector. Ms Toohey, can you outline what that
30 historical link has been?

31 MS TOOHEY: So the family violence sector essentially emerged

1 in the 1970s and when homelessness services started to be
2 funded in the early 80s, because it was predominantly a
3 refuge, immediate crisis refuge response that had emerged,
4 that was funded under the same funding arrangements as
5 generalist homelessness services. So, over the years both
6 homelessness and family violence services, particularly at
7 a Federal level, have been funded under what was the SAAP
8 agreement, the Supported Accommodation - and I can't
9 remember what the other A is for - Assistance Program.

10 MS ELLYARD: To what extent is there to this day an overlap
11 between the family violence system and the homeless system
12 and to what extent are they separate in serving different
13 purposes?

14 MS TOOHEY: The practice within both sectors is quite similar
15 in a case management capacity, so around addressing
16 housing and other associated needs, but the specialist
17 foci of each service is distinct. So, the family violence
18 sector will appropriately focus on safety as the primary
19 goal and the homelessness service sector will focus on
20 securing shelter.

21 MS ELLYARD: At paragraph 16 and following you talk about the
22 role of family violence in homelessness. Ms Smith, in
23 what various ways do we see family violence emerging as a
24 reason for people presenting as homeless or at risk of
25 homelessness?

26 MS SMITH: The homelessness service sector provides a safety
27 net, I think, to the health and welfare systems in our
28 state generally. That means that many women come into
29 contact with homelessness services at a range of points in
30 their histories. It can be at the point of experiencing
31 family violence and immediately seeking support in finding

1 housing, but it can be a lot further down the track as
2 well, many years after experiencing the family violence
3 and the consequences of the trauma that was associated
4 with that violence. So they may present to a homelessness
5 service at a range of different points. That's one of the
6 dimensions about why people don't necessarily identify
7 family violence as the cause of the risk of homelessness
8 or homelessness at a point in time.

9 MS ELLYARD: To take an example, it might be that a woman
10 presents as homeless having had several years of uncertain
11 transitional housing arrangements, but the genesis of
12 those years of uncertainty was the leaving of a violent
13 relationship.

14 MS SMITH: That's correct. So, when presenting, the immediate
15 problem may be about something else completely, but there
16 may have been a very strong and sad history of trauma and
17 disruption to life that flowed from an experience of
18 family violence much earlier on.

19 MS ELLYARD: What about the extent to which men experiencing
20 homelessness have a family violence dimension to that,
21 either as victims or perpetrators? Is that something you
22 can comment on?

23 MS TOOHEY: That's less clear, the extent to which men
24 experiencing homelessness are doing so as a result of
25 family violence. What we do know is that young people, a
26 high proportion of young people experiencing homelessness
27 have had an experience of family violence, and that's
28 contributed to their leaving home.

29 For men and particularly men who are perpetrators
30 of family violence if they have been removed from the home
31 won't necessarily present as that being the main reason.

1 So it's very hard for services to know how many people or
2 how many men have been homeless as a result of being
3 perpetrators of family violence.

4 MS ELLYARD: For example, a man might present at an access
5 point and say, "I'm homeless," but not necessarily
6 disclose the reason for that being "I was removed from the
7 house by police."

8 MS TOOHEY: Exactly.

9 MS ELLYARD: At paragraphs 20, 21 and 22 you offer some
10 statistics about what might be the percentage of people
11 involved in the homelessness system who have some
12 experience of family violence. You mentioned young
13 people. Could you give us the precise figures as you have
14 contained them in your statement?

15 MS TOOHEY: A recent research study into youth homelessness
16 found that 56 per cent of young people experiencing
17 homelessness had to leave home at least once due to
18 violence, and that 90 per cent had witnessed violence in
19 the home.

20 MS ELLYARD: What about the longitudinal study that has been
21 referred to at paragraph 22?

22 MS TOOHEY: Family violence plays a very strong role in
23 longer-term experiences of homelessness. The study found
24 that those who had experienced homelessness long-term,
25 that is for four or more years, 64 per cent had
26 experienced physical violence in the home and 72 per cent
27 had experienced some form of abuse as a child.

28 MS ELLYARD: I want to ask the two of you some questions now
29 about the specialist homelessness services system in
30 Victoria, which as you set out in your statement has a
31 number of elements. One of the key elements is the points

1 at which someone can access the system, literally called
2 access points. Ms Smith, can you explain what an access
3 point is and how they are structured across Victoria?

4 MS SMITH: Yes. The system is designed to try and assist
5 people to be able to access services and a suite of
6 services in an organised way. So there are approximately
7 17 access points around the state where people can present
8 and identify their concerns and be assessed, placed on a
9 priority list and able to access services as they become
10 available.

11 It's at those points that they will access an
12 immediate crisis response, an immediate assistance with
13 the accommodation issue, as well as be placed on the
14 priority list with a view to gaining case management and
15 assistance to not only work on the housing issue, but the
16 issues that have underpinned the experience of
17 homelessness and then the trajectory over time towards
18 ongoing accommodation.

19 MS ELLYARD: So if the system works as it is designed to do,
20 there will be a number of discrete stages through which
21 someone who presents at an access point might move; is
22 that correct?

23 MS SMITH: Yes.

24 MS ELLYARD: The first being a crisis response if they need
25 one, the second being placed on a list to receive some
26 form of case management with a view to assisting them in
27 the longer term?

28 MS SMITH: Yes.

29 MS ELLYARD: The third perhaps being a move from crisis
30 accommodation to what might be a transitional form of
31 housing, and then the fourth exiting the system into some

1 form of permanent accommodation.

2 MS SMITH: Yes, that's the system as it is currently designed.

3 MS ELLYARD: Does the system as it is currently designed move
4 people through at what might be regarded as an appropriate
5 pace?

6 MS SMITH: I think the overarching issue is the absence of
7 long-term housing options that are affordable to people on
8 low incomes. What that means is that the whole system
9 backs up, so it means that people requiring a crisis
10 response can't always access one because people who are
11 ready to move into transitional accommodation are still
12 receiving a crisis response, people in transitional
13 response who are ready for a longer term response aren't
14 able to move through and on to that. So, the system backs
15 up and is clogged up at every point. So, no, it doesn't
16 work well at all and people are therefore finding
17 themselves sleeping in cars, couch surfing, living in
18 rooming houses and in caravan parks.

19 MS ELLYARD: Ms Toohey, you deal in your statement with
20 the specific intersection of homelessness and poverty.
21 Ms Smith has identified the long-term blockage in the
22 system being a shortage of affordable housing. What are
23 some of the statistics you are aware of about the extent
24 to which, for example, private rental is affordable to
25 people on low incomes?

26 MS TOOHEY: So for people on statutory incomes, so parenting
27 payments, Newstart allowance, there is virtually no
28 affordable private rental in Melbourne. For a single
29 woman who is on Newstart allowance, less than two in 200
30 properties is available and affordable for someone on that
31 income, and for a single parent with one child I think

1 it's less than three in 100 properties are affordable and
2 available.

3 What we know for women who access homelessness
4 services is that the majority are not in the labour force
5 or they are unemployed, so it makes it incredibly
6 difficult to access the private rental market on statutory
7 incomes.

8 In general, women earn less and if they have
9 children they are obviously working part-time. So, in the
10 private rental market on the average female wage there's
11 very little available in Melbourne that could be
12 affordable on that income. So not one two-bedroom
13 property is affordable on the average female wage for less
14 than 30 per cent of their income.

15 MS ELLYARD: Is 30 per cent of the income the acceptable
16 standard for what constitutes an affordable housing cost?

17 MS TOOHEY: Generally 30 per cent is regarded as affordable.

18 More often we look at 30 per cent of incomes for
19 households on the lowest 40 per cent of incomes. The
20 average female wage is slightly higher than that, but if
21 you are looking at trying to feed children on that income
22 as well as maintain rental housing, that would be really
23 challenging.

24 MS ELLYARD: Can I ask you now about what you have called in
25 your statement "complex clients". To what extent does the
26 homelessness support services encounter people whose needs
27 might be more complex than simply the absence of somewhere
28 to live and what kinds of complexities do they present
29 with?

30 MS SMITH: As I mentioned earlier, I think the homelessness
31 services system can be regarded as the safety net for our

1 health and welfare system generally and so that means that
2 most of those service systems have quite high thresholds
3 for eligibility for services. So many of those presenting
4 to our homelessness service system do have significant
5 mental illness, substance abuse issues, acquired brain
6 injury, intellectual disability and a range of
7 complexities in addition to having a housing issue.

8 MS ELLYARD: To what extent are children specifically accounted
9 for in the way homelessness services are provided? Are
10 there specialist services for children and young people?

11 MS TOOHEY: There are specialist services, homelessness
12 services for children and young people, that are designed
13 to support case managers in working with young people.
14 The challenge is there are not very many of them and there
15 are not enough of them to adequately really assess the
16 needs of every child who comes into the homelessness
17 service system and support them separately, and they are
18 not counted - for example, I guess a case manager might
19 carry a case load of 12 people. If there are children
20 involved, the case load is really 22 people, but that's
21 not adequately counted for in the way that the services
22 are funded to deliver that case management.

23 MS ELLYARD: Can I ask you a few more questions about case
24 management. It appears that a very substantial part of
25 the specialist homeless response is in the form of case
26 managers who assist clients or advocate for clients as
27 they move from the crisis point through the transitional
28 point through to the end goal of permanent housing. What
29 are the kinds of things that case managers do and to what
30 extent do those case managers deal specifically with
31 family violence matters? I'm happy for either of you or

1 both of you to answer.

2 MS TOOHEY: So the case management response will really vary on
3 the needs identified by the person themselves and what
4 they need assistance with and what they see as the
5 barriers to their housing situation. I guess the
6 differences around housing and homelessness specific case
7 management versus family violence case management is that
8 the family violence will often deal with the legal side of
9 things, the financial side of things, whereas the
10 homelessness case management doesn't have that specialist
11 knowledge, but what they will often do is coordinate
12 access to those other services. So, assist people to
13 access the legal assistance they need, assess what kinds
14 of financial and material aid they will need, what kind of
15 debt assistance they will need.

16 So within the homelessness services system,
17 because people's needs are usually fairly complex by the
18 time they come up against an experience of homelessness,
19 it's often a case coordination function and helping them
20 to source all the other kinds of support that they need.

21 MS ELLYARD: I want to ask you a question now about money, the
22 sources of money that are made available and from which
23 level of government to fund homelessness services. In
24 your statement you talk about the access to Housing
25 Establishment Fund funds which can be used by providers to
26 provide crisis accommodation, crisis support. What is
27 that fund? Where does it come from? How are the funds
28 allocated across Victoria?

29 MS SMITH: The Housing Establishment Fund was developed, as its
30 name suggests, to assist households to establish
31 themselves at the point of receiving long-term housing.

1 Its allocation around the state reflects that initial
2 distribution and there doesn't appear to be a lot of
3 evidence that has been revised and updated over time.

4 What has become over time has been that source of
5 funds which enables the system to provide people with a
6 crisis response, whether that be a motel room for the
7 night, a rooming house, a caravan, whatever the response
8 is if crisis accommodation isn't available. Because it is
9 not either rationally or equitably distributed around the
10 state, it is rationed, and different agencies have
11 slightly different approaches for managing that
12 unfortunate necessity of rationing those funds.

13 MS ELLYARD: At paragraph 30 of your statement you deal
14 specifically with this issue of the way in which the funds
15 that are available for crisis responses are allocated
16 differently through different points.

17 Ms Toohey, what can be some of the practical
18 results then for the way in which someone might experience
19 the availability of funds at one point versus another
20 point?

21 MS TOOHEY: As Jenny mentioned, HEF has been allocated sort of
22 historically and I would say a little bit ad hoc. What
23 that means is that some services will have a certain
24 amount, others will have a different amount; it doesn't
25 bear a huge relationship to the demand those services see.
26 So services will necessarily have to ration that HEF and
27 they will do that in different ways. Some services will
28 set aside a bucket for long-term housing only and once
29 that runs out they can no longer help people in that month
30 or that week with housing establishment issues and
31 similarly with crisis accommodation. So, practically on a

1 day-to-day basis it's very difficult to predict whether
2 that service will be available to everybody in the state
3 on an equal basis.

4 MS ELLYARD: In practical terms, walking through the door of
5 one access point at 9 o'clock might carry with it a
6 greater prospect of getting some crisis payment from HEF
7 that day than if you'd walked through another access point
8 elsewhere in Victoria?

9 MS TOOHEY: Correct.

10 MS ELLYARD: And indeed whether you walk through at 9 am or
11 3 pm?

12 MS TOOHEY: Correct.

13 MS ELLYARD: Can I then ask you to turn to what you have
14 identified in your submission as some of the potential
15 solutions to housing issues as they particularly relate to
16 family violence.

17 COMMISSIONER NEAVE: Before you go to that, Ms Ellyard, I just
18 wanted to follow up on the Housing Establishment Fund
19 moneys. That's allocated to the service providers, what,
20 on an annual basis and how is it decided how much each
21 provider gets to then use for the purposes of crisis
22 accommodation?

23 MS TOOHEY: I think that might be a question for the Department
24 of Health and Human Services. I'm sorry, I can't answer
25 that.

26 MS SMITH: It does appear to be an annual allocation. Some
27 providers that we know of would work out how much they
28 have per month and try and ration it per day or per week
29 and have been known to run out of HEF well before the end
30 of the month, which then leaves both people approaching
31 the services and the staff in an invidious situation.

1 COMMISSIONER NEAVE: Thank you. I'm sorry to interrupt you,
2 Ms Ellyard.

3 MS ELLYARD: Not at all. In your statement at paragraphs 48
4 and following you have summarised what might be regarded
5 as a mix of short and longer term responses. Can I ask
6 you firstly about what some of the short-term fixes you
7 have identified might be? Ms Toohey?

8 MS TOOHEY: At the moment we think the short-term responses are
9 pretty rigid and not meeting the needs. So what we want
10 to see is an expansion of the range of options for
11 different housing needs because everyone has a slightly
12 different housing situation. So what we have suggested is
13 an expansion of Safe at Home programs that allow women to
14 remain in the home and remove the person who uses violence
15 and support them within that, so be that financially or
16 legally with a whole range of other things.

17 The other kind of associated thing to Safe at
18 Home is private rental brokerage options, so where they
19 can't remain in the house that they are in, that there is
20 financial assistance and support available to secure
21 alternative private rental accommodation, which is quite
22 important. So they are about homelessness prevention in
23 particular.

24 The other thing is investment in rapid rehousing
25 options. That's making sure that, when someone does need
26 to leave the home after a short stay in crisis
27 accommodation or some other situation, that there is
28 financial assistance to secure a property, so first
29 month's rent, bond, those kind of things, but also a
30 medium term rent subsidy that can supplement the rent in
31 the time while they are sorting out their other assorted

1 situation and can then get into employment or increase
2 their income in some way to be able to sustain that
3 private rental in the longer term.

4 MS ELLYARD: Ms Smith, longer term, what are the longer term
5 solutions that you see to the present limitations on the
6 availability of housing, particularly as it relates to
7 victims of family violence?

8 MS SMITH: I think a broader social housing strategy for the
9 state is bigger than a focus on family violence. But
10 I think it's unarguable that if we are to reduce the
11 incidence and prevent family violence, then we do need to
12 have a supply of low cost housing available in our state.
13 That is a complex challenge for our community, but it's a
14 challenge that we must tackle and we need to tackle it at
15 a Federal and State level in particular. There does need
16 to be direct investment from government, but government
17 also needs to play a role in stimulating the private
18 sector and tweaking taxation systems and tweaking planning
19 systems in order to make sure that the multitude of things
20 that we need to do to increase the supply of low cost
21 housing is achieved.

22 MS ELLYARD: Do any of the Commissioners have any questions for
23 these witnesses?

24 DEPUTY COMMISSIONER NICHOLSON: Yes, thanks, counsel. I'm
25 trying to get a better understanding of the extent to
26 which the generalist homeless service system and the
27 family violence specific actually deal with homelessness
28 due to family violence. Am I right in thinking that of
29 the people who are homeless due to family violence and
30 receive accommodation assistance, the majority would
31 actually receive that assistance from the generalist

1 service providers?

2 MS TOOHEY: That's quite a tricky question because the data
3 collection that we use is used by both homelessness
4 services and family violence services. So, while of that
5 whole system 30 per cent of people experiencing
6 homelessness do so as a result of family violence, that
7 will be a mix of people in family violence refuge and it
8 will also be people accessing family violence services
9 through homelessness services that deliver family violence
10 services.

11 DEPUTY COMMISSIONER NICHOLSON: As a peak body you would have a
12 feel for that, wouldn't you?

13 MS TOOHEY: I would have a feel and it depends on the kinds of
14 service that's being offered. Homelessness services will
15 deliver a lot of the private rental brokerage. So, if
16 people can get into that, that will be delivered through
17 there. Particularly because there's also family violence
18 as a precursor to homelessness, so it's over a longer
19 period of time, the case management services in a small
20 survey in the west suggested about 63 per cent of their
21 clients had an experience of family violence. So it is
22 quite prevalent within the homelessness service system as
23 well.

24 DEPUTY COMMISSIONER NICHOLSON: I had a couple of other
25 questions. You spoke about youth coming into homeless
26 services. I think you said 56 per cent leave or come into
27 the homeless services because they left home due to family
28 violence. What proportion were victims and what
29 proportion of those young people were perpetrators? Do
30 you have any data on that?

31 MS TOOHEY: The study that we referred to didn't measure

1 whether they had been perpetrators or not. The study was
2 those who had witnessed family violence. So, it was
3 90 per cent had witnessed it at some stage and 56 per cent
4 had left. The material around adolescent violence towards
5 their parents is only really emerging and there's more
6 information I think from the police and Anglicare in
7 particular than other services.

8 DEPUTY COMMISSIONER NICHOLSON: I was also interested in your
9 comments about the affordability of housing. In part,
10 affordability is due to your level of income. Do you have
11 any data on the number of people suffering family violence
12 coming into homeless services who are employed?

13 MS TOOHEY: Yes. The AIHW Australian-wide estimated that
14 19 per cent of people accessing services due to family
15 violence were employed. The majority weren't in the
16 labour force. So I think it was around 53 per cent
17 weren't in the labour force.

18 DEPUTY COMMISSIONER NICHOLSON: So what income would they be in
19 receipt of?

20 MS TOOHEY: Those that are employed?

21 DEPUTY COMMISSIONER NICHOLSON: Those that are not in the
22 labour force.

23 MS TOOHEY: Those not in the labour force I'm assuming are
24 probably because of parenting responsibilities, so they
25 would be in the receipt of parenting payment, and that
26 varies depending on how many children they have, or on a
27 disability pension.

28 DEPUTY COMMISSIONER NICHOLSON: Keeping in mind that - I'm
29 thinking of women with children - to be competitive in the
30 private rental market they probably need to be employed,
31 do the homeless services do an assessment about their

1 vocational needs, their needs for training or employment
2 assistance?

3 MS SMITH: I think it's part of the case management response.

4 That is often a focus and it is often a point of referral.

5 But I think it's also fair to say that our services are
6 under the pump and there's a range of areas in which they
7 make assessments and are aware of opportunities to do more
8 work, but really struggle to target the resources to focus
9 on those things.

10 Employment is certainly a focus. I think our
11 services are acutely aware that they would like to focus
12 more on the specific needs of children and children as
13 clients, but again we have awareness and we have a will,
14 but not necessarily the capacity to respond in the way in
15 which we would like.

16 MS ELLYARD: If the Commission have no further questions, I ask
17 that the witnesses be excused.

18 COMMISSIONER NEAVE: Thank you very much indeed for your
19 evidence.

20 MS ELLYARD: I will invite the next witness, Dr Angela Spinney,
21 to come into the witness box and be sworn.

22 <(THE WITNESSES WITHDREW)

23 <ANGELA MARGARET SPINNEY, affirmed and examined:

24 MS ELLYARD: Dr Spinney, where do you work at present?

25 DR SPINNEY: I work at the Institute for Social Research at
26 Swinburne University in Melbourne.

27 MS ELLYARD: What is the focus of your research?

28 DR SPINNEY: My research is principally about homelessness that
29 can be attributed to experiencing domestic and family
30 violence, but I also do research about social housing,
31 public housing and community housing and those who are

1 marginally housed, those who are living in caravan parks,
2 boarding houses, that kind of thing.

3 MS ELLYARD: You have made a statement to the Commission which
4 is dated 20 July 2015. Are the contents of that statement
5 true and correct?

6 DR SPINNEY: They are.

7 MS ELLYARD: You have attached to your statement a number of
8 pieces of your research dealing particularly with some of
9 the issues that you have outlined. A couple of those
10 pieces of research relate to some work that you refer to
11 at paragraph 6 of your statement about the Salvation Army
12 Tasmania's project, Safe From the Start. Could you
13 summarise, please, for the Commission what that project
14 was?

15 DR SPINNEY: Okay. Thank you. This was a project that
16 I worked with with the Salvation Army in Tasmania and it
17 was about finding ways, some very simple ways, to try and
18 ameliorate some of the damage that's done to children by
19 experiencing the double-whammy of living in a home where
20 domestic violence is occurring, but also becoming homeless
21 as a result. It was an action piece of research. What we
22 did was over the course of a year's research we found
23 books and toys that would help children come to terms with
24 the experiences that they had had. So very young
25 children; we are talking about children up to the age of
26 six who had really been affected by these issues.

27 MS ELLYARD: What did that research reveal about the
28 experiences of the children and perhaps the understandings
29 of their mothers about what the children's experiences
30 were?

31 DR SPINNEY: We know from that research and other research

1 that's happened that actually damage literally occurs to
2 children even before they are born if they experience
3 domestic and family violence. We know that damage to the
4 neural pathways in their brain by their mothers
5 experiencing fear to the children when they're still in
6 the womb is real and can have lifetime impacts on the
7 children.

8 MS ELLYARD: What kinds of attitudes or beliefs did you
9 encounter in the mothers of these children about why they
10 had stayed or chosen not to leave violent relationships?

11 DR SPINNEY: What we found was that often mothers will actually
12 stay living in a situation of fear and experiencing
13 domestic and family violence because they genuinely
14 believe it's right for their children. They think their
15 children love their dad, their dad may well love the
16 children, there's financial security, there's advantages
17 still being a complete family unit, and were genuinely
18 really, really upset and shocked when they find that
19 staying may not have been the best thing for their
20 children. In fact, there is quite substantial damage done
21 to children by having to live in a situation of domestic
22 and family violence.

23 MS ELLYARD: Turning then to the question of homelessness and
24 family violence, at paragraphs 9 and following in your
25 statement you offer some comments about the housing
26 position of women perhaps prior to experiencing family
27 violence and what being a victim does to their housing
28 situation. Can you summarise for the Commission the
29 observations that you make there?

30 DR SPINNEY: When you are living in a situation of domestic and
31 family violence, even before you leave that relationship

1 and the violence stops, then actually you don't have a
2 feeling of being at home. If you imagine what home is to
3 you, it is somewhere where you are safe and secure,
4 hopefully, where you can express yourself and invite your
5 friends and live your life. For women and children who
6 are living in a situation of domestic and family violence,
7 home is not that, home is a frightening thing. So there's
8 almost been a sense of loss of home before the
9 relationship comes to an end.

10 But relationship breakdown for any reason has
11 housing consequences. In Victoria, housing, as other
12 witnesses have stated, is very unaffordable for many
13 people and there's a loss of income that comes to
14 relationship breakdown for any reason, but perhaps
15 particularly for women who have been living in a state of
16 oppression from domestic and family violence. We know
17 that that impacts on their ability to work. Often it's a
18 deliberate perpetrator policy to try and stop women from
19 working because power comes with having financial
20 independence, so that's taken away from them.

21 MS ELLYARD: In general terms, and leaving aside some new
22 initiatives that perhaps we can speak to, what's the
23 present presumption in the system about who leaves the
24 house when there's a situation of family violence?

25 DR SPINNEY: The refuge movement was set up in the 1970s, which
26 is a very different time from now, when there really was
27 an expectation that a man's home was his castle, he was
28 normally very much the primary wage earner and there was
29 an expectation that for the relationship to end and for
30 the violence to come to an end, it would be women and
31 children who left.

1 Refuges at that time were set up in a recognition
2 that actually it wasn't going to get at that women and
3 children should be the one kept in their home. We have a
4 historical history of that that's carried on into the
5 current system, so there's still a normalisation of
6 people's attitudes that actually it should be the women
7 and children who become homeless and the perpetrator, the
8 actual criminal, should be the one who remains in the
9 home, and things are slowly beginning to change, but we
10 really need to work on that and we need to work on it
11 fast.

12 MS ELLYARD: When it's women and children who leave, what is
13 the average trajectory for them afterwards? Do they move
14 just once or do they move more than once?

15 DR SPINNEY: No, we know there is an absolute series of moves
16 and we know that's really damaging to women and
17 particularly to children. So, as the previous witnesses
18 stated, the Victorian system is either to go into crisis
19 accommodation if you can access it, and we know about
20 35 per cent of women and children are turned away from
21 refuge and other forms of crisis accommodation because
22 there's no room available. But from there it's on into
23 transitional accommodation frequently and they are
24 normally trying to get private rented accommodation.

25 Only 3 per cent of the housing stock in Victoria
26 is social housing, that's public and community housing,
27 which means that 97 per cent isn't; really difficult to
28 get into social housing. So really you are either looking
29 to trying to get into private rented accommodation, and
30 that's incredibly difficult for women and children.
31 Private landlords can take their pick about who they want,

1 there's such a shortage of accommodation, and women with
2 children are not popular with private landlords. It's not
3 just a question of affordability, although that's very
4 real. It's also that these are unattractive prospective
5 tenants.

6 We have a situation in Victoria where many young
7 professional people are delaying home ownership. So,
8 traditionally they may have gone into private rental for a
9 while after leaving home and then they would have become
10 owner occupiers. Because housing is so unaffordable in
11 Victoria, people are delaying that, but they are much more
12 attractive to private landlords. If you are out at work
13 all day, not damaging the house, and you have a good
14 income and can pay the rent, they are the people that
15 private landlords choose. They do not choose women with
16 young children who are living on benefits to live in their
17 homes.

18 MS ELLYARD: One of the options that you have mentioned for
19 women when they first leave a violent situation is crisis
20 or refuge accommodation. As part of your research,
21 I understand you have interviewed women about their
22 experiences of post family violence housing, including
23 their experiences of refuges. You deal with this at
24 paragraph 15 and following. But could you summarise for
25 the Commission, please, what your interviews with women
26 have told you about their experiences of the traditional
27 refuge model?

28 DR SPINNEY: What women have told me is that some women have
29 told me that they have actually found going into refuge
30 experience very alien and actually very frightening for
31 them. There are very many different forms of refuge

1 accommodation. There is high security community
2 accommodation to very dispersed units of what would be a
3 normal family house but with support. But particularly in
4 terms of the communal arrangements, what women have said
5 to me is they can be very noisy, there will be a mixture
6 of people there, some of whom may have very chaotic
7 lifestyles including alcohol and drug dependency.

8 They feel really disadvantaged if they are not
9 able to take particularly their sons at kind of puberty
10 age and above, 12 and above. Often refuges have a rule
11 that sons can't enter the refuge, so you either face not
12 being housed or splitting the family up.

13 So there's a whole range of reasons why women do
14 not want to go into what can be in fact a very alien
15 lifestyle for them.

16 MS ELLYARD: You mention that traditional communal refuge. Are
17 we talking there about situations which might be an
18 ordinary suburban house, but where families effectively
19 are located one family per room, sharing common facilities
20 like bathrooms and kitchens?

21 DR SPINNEY: Yes, absolutely, and some of them are bigger than
22 a normal family house, particularly the high security
23 units, so there may be several families. What we do know
24 is there are more children living in refuges in Australia
25 than there are women. That's a really shocking fact. We
26 know that domestic and family violence is perhaps at its
27 height during the fertile years, during the childbearing
28 years of a woman's life.

29 There are several theories about why that is, but
30 we think it's probably about a kind of resentment that
31 some of the women's attention is taken away from the

1 perpetrator. And also the fact that once children are
2 older and adult, a woman may feel freer to leave the
3 relationship, she doesn't have the financial ties and
4 obligations of her children, and also of course the longer
5 a violent relationship goes on and very unfortunately the
6 more likely it is to end in the murder of that woman.

7 MS ELLYARD: What are the ways in which refuges are unsuitable
8 places for children to be?

9 DR SPINNEY: One of the major reasons they are unsuitable is
10 the just very temporary nature of their being. They are
11 really designed to only be in there in blocks of six
12 weeks. It is often much longer than that, but it's
13 normally not more than a year. If you are living in that
14 kind of situation, it's not home, because you know that
15 you are going to move on at any moment. You might be
16 sharing a room together, children may have had to move
17 away from family, from friends, from kindergarden, from
18 support networks, from neighbours that they liked, into a
19 form of temporary accommodation that's not going to be
20 your home, it's not permanent.

21 So, aside from the noise and the kind of
22 difference in lifestyle, it's moving away from everything
23 that you knew and knowing that you can't put down roots
24 there in terms of local schools, et cetera, because you
25 are going to be moving on again very shortly.

26 MS ELLYARD: You do identify, though, that there are some
27 positive aspects of being in a refuge in forms of certain
28 kinds of support that can be offered using the refuge
29 model. Can you elaborate on that?

30 DR SPINNEY: Yes, absolutely. Refuges have done a fantastic
31 job in being able to bring together peer support so that

1 women can meet other women who have been in the same
2 situation, they can also provide support services for the
3 children and for the mothers themselves in terms of, as we
4 heard earlier, helping enable women to get work, helping
5 them to move on to other accommodation. So there are lots
6 of fantastic services that refuges provide.

7 But my argument is that those can often be
8 provided in an outreach situation and women who do not
9 live in a refuge can be enabled to meet with other women
10 who can empathise with them having been in the same
11 situation, without having to have that kind of alien
12 lifestyle and that kind of temporary accommodation.

13 MS ELLYARD: At paragraph 20 of your statement you talk about
14 this issue of there needs to be what might be called a
15 core and cluster model, where people don't necessarily
16 have to be living all in the one place to receive the kind
17 of support you are offering. Does that require a lot of
18 purpose-built building, then, to create more sources of
19 accommodation for women?

20 DR SPINNEY: From the research that I have done, women have
21 said to me that if they do have to go into refuge
22 accommodation, if they do have to leave the family home,
23 then they want it to be replicated as much like a normal
24 home as possible. Normal homes on normal streets do not
25 have to be purpose-built. My argument is that if
26 accommodation is leased by support agencies, then we are
27 only talking about revenue funding, we are not talking
28 about capital costs. So organisations can lease
29 accommodation as and when they need it and then hand it
30 back to the landlord when they don't need it any more.

31 That to me is much more worthwhile, because

1 I think in Victoria we need to see an absolute reduction
2 in the number of women who are losing their family home,
3 in the home that they may already own or they may
4 co-tenant or even if they are not on the tenancy
5 agreement, that it's their home, as a result of domestic
6 and family violence. We have to break this link. You
7 shouldn't experience crime and become homeless as a result
8 of that. It is an anomaly. It shouldn't be happening in
9 this day and age.

10 MS ELLYARD: In paragraph 31 and following of your statement
11 you deal specifically with this issue and the question of
12 what are called Safe at Home programs, by which
13 I understand you to mean programs that do what is
14 necessary to make sure that the women and children who
15 have been the victims of family violence remain in the
16 home while the perpetrator leaves. What are the main
17 barriers to that being an achievable solution?

18 DR SPINNEY: Well, there are barriers. The role of Safe at
19 Home schemes is to enable women who choose to stay at home
20 to be able to do so. I would like to stress that element
21 of choice which is really important. Home can have been a
22 really unhappy place for women and they may not want to
23 remain there, but many women do, and we know this from the
24 UK where there's been a process over the last decade or so
25 of normalising women staying in the home as a result of
26 experience in the crime of domestic and family violence
27 with the perpetrator removed. We have seen that become
28 mainstream in the UK and it's been incredibly successful.

29 It's beginning to happen here, as I say, but
30 there are some barriers. The first one I would like to
31 highlight is affordability, as we talked about before.

1 Relationship breakdown is expensive and it affects your
2 housing. So, we are already spending as taxpayers an
3 awful lot of money on helping women and children through
4 an incredibly expensive homelessness system.

5 My argument is let's spend some money on enabling
6 women and children to stay in their home. That may mean
7 subsidy for mortgage interest payments to enable
8 owner/occupiers to stay in their home. It may mean
9 greater amounts of rental subsidy than we currently have.
10 But it's likely to still - there's been research by the
11 Australian Housing and Urban Research Institute which
12 states it's likely to be much more cost effective to
13 enable women to stay in their home than it is to put them
14 through what is in fact an incredibly expensive
15 homelessness system.

16 MS ELLYARD: The other aspect other than economics is the
17 question of safety. These are homes where women haven't
18 necessarily been safe. Are there interventions that would
19 need to come from other quarters to make Safe at Home
20 schemes work?

21 DR SPINNEY: We need to make sure the justice system really
22 enforces to perpetrators that this is behaviour that will
23 not be accepted. We know that when the justice system is
24 strong enough, in most cases perpetrators will desist from
25 their damaging behaviour, but they need to know the
26 implications are strong enough. One, that they are going
27 to lose their home. Secondly, that if they break
28 injunctions, et cetera, there will be criminal
29 enforcements and they could be imprisoned. So we need to
30 have a really strong justice system that states really
31 clearly this behaviour will not be accepted.

1 Women are experts in their own relationships.
2 They know their perpetrator extremely well. They know
3 what's likely to work for them in terms of keeping the
4 perpetrator away. We know that perpetrators that don't
5 have anywhere to go are perhaps more likely to try and
6 come back and promise that it won't happen again and that
7 can lead to more violence.

8 So, one of the things we need to do is make sure
9 that the one perpetrator compared to perhaps the three or
10 four other people living in the home are the ones that are
11 removed, but they are removed somewhere where they are not
12 likely to try and come back. So justice enforcement is
13 really, really important in doing that.

14 MS ELLYARD: At paragraph 46 and following of your statement
15 you identify the approach that was taken in Tasmania which
16 involved increased powers for the police. Could you
17 summarise your understanding of how that system as a Safe
18 at Home scheme was?

19 DR SPINNEY: Safe at Home in Tasmania was the first Safe at
20 Home scheme system in Australia. It was very much justice
21 led. So it's the police who go in and help women to
22 decide what security assessments, what risk assessments
23 need to be done in order for them to stay safely in their
24 home, for instance. It's the police who have very real
25 powers to remove perpetrators.

26 In Victoria, the police can remove a perpetrator
27 from the home for up to 72 hours, which then has to be
28 ratified by the court. Compare that with Tasmania, where
29 a police officer can remove a perpetrator, give them an
30 order to remove for 12 months, which then has to be
31 ratified by a court. It's completely different to saying

1 to a woman, "We are taking him away now and he can't come
2 back for at least a year," as opposed to, "We are taking
3 him away now and he might be back in 72 hours and he will
4 still have the right to come into this home."

5 If you were the person who was experiencing
6 domestic and family violence, you would be much more
7 likely to leave if you thought that the perpetrator would
8 be coming back within a few hours. If you knew that the
9 justice system was going to keep him away from your home
10 for a year, you would be much more likely to stay where
11 you have roots, where you have networks in your family
12 home.

13 MS ELLYARD: One of the other things you have identified as
14 part of the suite of solutions, perhaps, is the role of
15 social marketing in advancing the success of Safe at Home
16 schemes, and you have provided as attachment 6 to your
17 statement, which is at the back of the separate folder of
18 this witness's exhibits, some examples of the kind of
19 social media and marketing brochures that were used in a
20 small town in New South Wales. As I ask the computer
21 people to get them up on the screen, can you just
22 summarise for the Commission what that town was and what
23 was the work that it did?

24 DR SPINNEY: Yes. Bega in New South Wales set up one of the
25 first Staying Home Leaving Violence schemes and there are
26 now about 29 or 30 of those throughout New South Wales.
27 So what they did was that they recognised that in order to
28 change this discourse about the fact that it's the man who
29 stays in this home and women and children who leave, that
30 actually they needed to really get that through to all
31 levels of society, everyone who is living in the town or

1 the community, the area, that actually it's perfectly
2 acceptable for women and children to stay in their home,
3 that there is no reason they shouldn't, provided we can
4 keep them safe.

5 They did that by a whole range of things. They
6 did beer mats in the pub, they did cinema adverts in the
7 local cinema, they did banners as you drive into the
8 street. I drove in to do my interviews and literally
9 there were banners across the street saying, "If you
10 experience violence you don't have to lose your home." So
11 really reinforcing that actually, "Let's change this,
12 let's change what everyone thinks about this."

13 The reason they did that was because, one, they
14 wanted perpetrators to know they would lose their home if
15 they were violent. Secondly, they wanted women and
16 children to know that this was an option and they wanted
17 to strongly let women know that was an option. Thirdly,
18 they wanted to educate all members of the community who
19 either might know someone who is experiencing violence or,
20 even if they didn't, if they were just living in the
21 community, to kind of change that discourse so people
22 would be more supportive of this notion.

23 MS ELLYARD: So we have the first one up on the screen now. If
24 I ask us to move to the next one, which reads "Children
25 stay home and the violence leaves. It's a new positive
26 way to protect children and give them a safe future." On
27 the back of that there's some information about how
28 children experience family violence, which is too small to
29 read on the screen, but I note the Commissioners have it
30 in their folder.

31 It says, "Children are like sponges. They learn

1 how to behave from their parents, to treat people with
2 love and respect, but also how to harm and hurt them.
3 Please teach your children well."

4 Have there been any analyses done of whether or
5 not this kind of marketing approach has positive effects?

6 DR SPINNEY: I don't know of any quantitative studies that have
7 been done. In terms of numbers, that would be really hard
8 to know. But certainly in terms of qualitative research
9 it does seem to have been really successful in terms of
10 changing that discourse, yes, so that there's a new
11 expectation.

12 If you think 40 years ago, 50 years ago, when
13 refuges were set up, there was a lot of opposition to the
14 fact that women and children even had the right to leave a
15 violent relationship. You know, "That was her lot, she
16 made her bed, she should stay with it," kind of thing. We
17 have moved on a long way from there. This is the next
18 stage, that actually it is the criminal who is going to
19 become homeless, not the victims of the crime.

20 MS ELLYARD: Can I ask us to page through to the last document
21 that you have produced in that bundle, which is a document
22 with a green heading, "Things you should know if you have
23 been removed from your home because of domestic violence."
24 This is, as I understand it, a brochure that's made
25 available effectively for perpetrators.

26 One of the things that document says is,
27 "Ownership of the home is not the issue. The issue is
28 safety. Most families just want the violence to stop. If
29 you have been removed or excluded as a result of your
30 violence, the community will help you if you want to
31 change your behaviour. The Bega Valley community takes

1 family violence very seriously. Victims will be supported
2 to stay in their homes. The security of the family home
3 may be upgraded."

4 Who got this material? Was it distributed via
5 police or what is it merely made available in public
6 places?

7 DR SPINNEY: It may be that the police distributed it.

8 I certainly know that it was made available on web pages,
9 in local libraries, for instance doctors' surgeries,
10 places where people go, and particularly for the
11 information for women where they would be allowed to go,
12 so perhaps doctor surgeries, for instance, that the
13 perpetrator may prevent them going to other places.

14 MS ELLYARD: Dr Spinney, the last topic I want to take up with
15 you is a topic you take up at paragraph 62 which comes
16 under the heading of perhaps "Integrated services" or you
17 have used the heading "One service".

18 Can you outline in summary for the Commission
19 what your vision is for the way not only Safe at Home
20 schemes but all forms of homelessness assistance for
21 victims could best be delivered?

22 DR SPINNEY: In 2012 I did an international study looking at
23 homelessness prevention for women and children who have
24 experienced domestic and family violence for AHURI, the
25 Australian Housing and Urban Research Institute, and
26 looked at what was happening across the world,
27 particularly in the UK and New Zealand and Australia.

28 What struck me was that women need to be informed
29 and what we don't want is a competitive system where we
30 have refuges saying, "You need to come away. We can keep
31 you safe. You come with us. We will look after you," and

1 we have Stay At Home schemes saying, "No, we can enable
2 you to remain in your own home."

3 From the women I have spoken to, I got the real
4 impression that Safe at Home should be as normalised as
5 refuge provision. We shouldn't get rid of refuges, most
6 definitely, but we should have many Safe at Home schemes
7 and as far as possible they should be unified, so that
8 when women are experiencing domestic and family violence
9 and weighing up their options, they go to a one-stop shop,
10 if you like, who will talk them through their situation
11 and jointly they will make a decision on whether it's best
12 for them to flee from their home or actually to remain
13 there or even to leave for a very short time into a refuge
14 while injunctions, et cetera, are getting in place and
15 then come back home within a few hours once the
16 perpetrator has been removed.

17 So there's lots of variables. But what women
18 need is no one kind of - what we need is women kind of
19 being at the centre of that. So the individual saying
20 "What's best for you" rather than different forms of
21 service almost kind of competing against each other for
22 that client. That's not helpful for women and children.

23 MS ELLYARD: So what that would involve is a system where,
24 whatever form of housing assistance you needed, the door
25 you went through had that assistance available.

26 DR SPINNEY: Yes, absolutely.

27 MS ELLYARD: Rather than the need to refer off to different
28 agencies depending on the form of assistance you require.

29 DR SPINNEY: Yes, or even not refer, and that can be some of
30 the issue at the moment, that there may not be referrals
31 to different forms of services, that women may not be

1 informed about what all their choices are, and also about
2 what their rights are under the Family Violence Act and
3 under tenancy legislation in Victoria. Women and people
4 who experience domestic and family violence have very real
5 rights to change locks, to have tenancy agreements changed
6 and things, but this isn't getting out there. People just
7 aren't being told about it.

8 MS ELLYARD: What is the role of government? As is clear from
9 the State's evidence, there are a number of Safe at Home
10 schemes that are being funded in different parts of
11 Victoria at present. In your statement you draw a
12 comparison with the role that the government has adopted
13 in New South Wales where these schemes are much more
14 prevalent. To what extent would, for example, a statewide
15 rollout of Safe at Home schemes require or benefit from
16 government input?

17 DR SPINNEY: I think we really need a government lead in this.
18 This is what's happened in the UK and that's what made a
19 difference in 10 years. That's what changed everything.
20 Central government got involved and actually sent out
21 advisers to local government areas to actually help them
22 to write strategies about Safe at Home schemes, to
23 implement them in their own areas. So central government
24 provided a pool of money.

25 Obviously in Australia it's a very different
26 political situation with federalisation. But if I compare
27 New South Wales and Victoria, what we have seen in
28 Victoria is really a much more ad hoc system of kind of
29 Safe at Home developing. That certainly is how it started
30 in New South Wales, but the State Government has taken it
31 on and has now got statewide policies and indeed tenders

1 for schemes to be as widespread across New South Wales as
2 possible. They are not kind of waiting for schemes just
3 to come up and running; they are driving it forward at a
4 state level.

5 MS ELLYARD: Do the Commissioners have any questions for
6 Dr Spinney?

7 COMMISSIONER NEAVE: I just had one question. In one of the
8 attachments to your witness statement you refer to this
9 sanctuary policy which has been adopted in England where
10 women may even have a safe room to retreat to with their
11 children if the perpetrator does come to the house
12 contrary to any court order against him.

13 What is your assessment of this sanctuary notion,
14 because it only protects the woman when she is actually in
15 the house. That's the problem. If he is so dangerous
16 that you actually have to have a safe room, isn't he
17 likely to be equally dangerous when she leaves?

18 DR SPINNEY: Absolutely. That was certainly how sanctuary
19 schemes when they first set up were envisaged, they really
20 thought they would be target hardened, as they say, so
21 there would be this kind of very safe room where women
22 could go to if there was an attack of arson, et cetera.
23 How the schemes have developed and what's happened over
24 time is that the women have said, "Actually, that's not
25 what we want and that's not what we need."

26 Far more now what happens is that it is actually
27 really, really much less expensive things that happen in
28 terms of increasing security. So it may be things like
29 removing bushes and things from near windows where
30 perpetrators can hide, locking loft hatches so
31 perpetrators can't get into roof spaces, a stronger front

1 door so they can't just barge their way in, motion
2 sensitive lights, those kinds of things. So actually
3 there's been a real reduction and in fact I spoke to some
4 local authorities in the UK where they have never
5 installed one of those panic rooms. It just wasn't what
6 women wanted, as it turned out.

7 So it is all about confidence building, it is
8 about making safer, that's absolutely true, but it is also
9 about building the confidence of women to remain in their
10 home. So listening to what they want is a really
11 important part of that.

12 People always say, "No, the children and women
13 have to be removed because they have to leave their home
14 at some time and, as you say, they have to engage in
15 normal life, they have to go shopping, see friends, go to
16 school, et cetera." Again, that's where the justice
17 system comes in, and also the element of choice. Women
18 know their perpetrator very well and they know what level
19 of risk there is likely to be outside the home.

20 We know that schemes such as the pilot scheme Be
21 Safe that ran in northern Victoria for three years up to
22 2010 was a really effective mobile device that women could
23 use and also allowed their children to use when they were
24 out of the home. So it was like an alarm system that the
25 elderly might use if they fall or whatever in their home
26 and they will press for help, but it really helped women
27 feel more confident outside the home as well. It was a
28 mobile device.

29 COMMISSIONER NEAVE: I know about that system. Was that
30 evaluated but not rolled out? I know there is now another
31 system which is being piloted.

1 DR SPINNEY: It was evaluated. I think there was 2011 and 2012
2 reports on it.

3 COMMISSIONER NEAVE: If you could perhaps give one of the
4 Commission's researchers the details of that evaluation.

5 DR SPINNEY: Yes, sure.

6 COMMISSIONER NEAVE: That would be very helpful. Thank you.

7 MS ELLYARD: One of the witnesses in the next panel is from the
8 organisation that was involved in that pilot and will be
9 able to speak to those matters too.

10 COMMISSIONER NEAVE: That's the one that was in northern
11 Victoria, not the current one.

12 MS ELLYARD: Yes, the Be Safe. She will be in a position to
13 give you some information about that.

14 COMMISSIONER NEAVE: Thank you.

15 DR SPINNEY: I have interviewed women who used that scheme and
16 they really, really agreed with it. They really thought
17 it enhanced their lives and normalised their lives.

18 COMMISSIONER NEAVE: Thank you, Dr Spinney.

19 MS ELLYARD: Are there any other questions?

20 DEPUTY COMMISSIONER FAULKNER: Yes. I am looking at paragraph
21 20 of your statement, Dr Spinney, where you talk about
22 the core and cluster model and you talk about the
23 practicality of not needing necessarily to invest in
24 purpose-built facilities and to use tenancy. Can I ask
25 whether practically any crisis accommodation providers
26 have used renting arrangements? I can foresee all sorts
27 of problems with people not wanting to rent for this
28 purpose. So, can you tell me if there's evidence that
29 this sort of notion has worked somewhere?

30 DR SPINNEY: Yes, several homelessness support organisations
31 have arrangements with private landlords where they will

1 take on a lease for either a year or perhaps several years
2 and use the accommodation as temporary accommodation for
3 women and children or indeed other homeless client groups.

4 The advantages to the landlord are that it's
5 really secure rent. If you have an organisation
6 contracting with you, you know that you are going to get
7 the rent income, perhaps compared to someone who is
8 directly contracting with you who may be on benefits.

9 Also there are often on a repairing lease. So
10 the homelessness organisation will commit to handing back
11 the property at the end of the lease period in the same
12 state that they took it on, so the risks for landlords are
13 comparatively low and they are quite popular with
14 landlords.

15 DEPUTY COMMISSIONER FAULKNER: Can I ask in that circumstance
16 is it also possible to achieve a rental record for the
17 woman? Does she actually lease from the crisis
18 accommodation provider?

19 DR SPINNEY: Yes, the contractual arrangement would be between
20 the woman and the homelessness organisation or the support
21 agency. It wouldn't be with the landlord. That
22 contractual arrangement is with the homelessness
23 organisation.

24 DEPUTY COMMISSIONER FAULKNER: And you said there are
25 organisations. Would you be able to give Commission staff
26 some indication of those organisations where this has been
27 practically applied?

28 DR SPINNEY: Yes, I certainly will.

29 DEPUTY COMMISSIONER FAULKNER: Thank you.

30 DEPUTY COMMISSIONER NICHOLSON: Dr Spinney, the Commission when
31 we were undertaking consultations heard from some women

1 that when they were considering going into more secure
2 refuge accommodation they were told they couldn't because
3 they were employed. Is this common?

4 DR SPINNEY: The reality is that refugees are completely
5 overwhelmed with the number of clients who are coming to
6 them. As I say, we know they turn away about 35 per cent
7 of people who apply to them for assistance. Different
8 organisations use a different form of rationing and income
9 level may be one of those because, if you think about it,
10 then if you are deciding who are the most desperate that
11 you are going to help, you know that people with an income
12 may be able to find other forms of alternative
13 accommodation. Those who are on benefits and not working
14 are much less likely to. So, from the homelessness
15 organisations themselves, it's completely logical that
16 they think, "We're going to prioritise the people who've
17 got less options and need more help."

18 DEPUTY COMMISSIONER NICHOLSON: But they are not taking into
19 account safety.

20 DR SPINNEY: Again, unfortunately, as I say, they are so
21 overwhelmed with clients or potential clients. Just like
22 the previous witnesses stated, I have interviewed women
23 living in the car with their children, hiding the fact
24 that they are homeless because they are worried about
25 their children being taken into care.

26 One woman in particular I can remember told me
27 about going swimming in the morning with the children to
28 the pool so they can have a shower, put their school
29 uniforms on, come back, make up the packed lunch on the
30 front seat of the car while the children are in the back
31 seat, packing up the lunch box and just arriving at school

1 as if everything was normal, hiding the fact that they are
2 homeless. I mean, this is just dreadful. This is
3 happening within a few kilometres of where we are now. It
4 shouldn't be happening.

5 DEPUTY COMMISSIONER NICHOLSON: Just one other question. You
6 have spoken about or you have advocated for an alternative
7 approach that would involve rental and perhaps mortgage
8 subsidies. Can you point the Commission to any data that
9 would tell us more about what the level of subsidy would
10 need to be and in what circumstances and for how long?

11 DR SPINNEY: I'm not sure there's been any specific research on
12 that that I can think of, but I can certainly think of
13 research that's been done on cost effectiveness of dealing
14 with homelessness by Paul Flatau for AHURI, so I can
15 certainly direct that and I can have a look for anything
16 else I can find as well.

17 DEPUTY COMMISSIONER NICHOLSON: Thank you.

18 DEPUTY COMMISSIONER FAULKNER: In paragraph 50 you talk about
19 the fact that initially Safe at Home in Tasmania
20 contemplated providing money for perpetrators'
21 accommodation, basically, and you said it wasn't
22 necessary.

23 DR SPINNEY: They deemed it wasn't necessary in that particular
24 context, that actually what they thought was that
25 perpetrators would be unwilling to go into accommodation
26 that was labelled, was known as being perpetrator
27 accommodation. Having said that, there are examples in
28 Victoria, I think it is Bendigo, where very successful
29 perpetrator accommodation is being run and in conjunction
30 with perpetrator behaviour change programs, so that living
31 in the accommodation is conditional upon actually engaging

1 in behaviour change. When I spoke to the manager there,
2 they said that that had been very successful.

3 So what I was referring to is a particular
4 Tasmanian context where accommodation is in such short
5 supply. I'm not saying that here we don't need
6 perpetrator accommodation. What we do know absolutely is
7 that women and children are safer if perpetrators are
8 housed. It's when they are sleeping rough or only couch
9 surfing that they are much more likely to try and get back
10 either into the relationship and say, "Look, I promise it
11 won't happen again, can I come back," in order to get a
12 roof over their heads or indeed just try to break back
13 into the house. So it's in our interests to house that
14 one perpetrator rather than the three or four other
15 people.

16 DEPUTY COMMISSIONER FAULKNER: The last part of your paragraph
17 was that normally perpetrators find somewhere else to
18 stay, that is with family or a friend. Is there any
19 evidence about where they are actually finding that
20 accommodation and how secure it is in the sense that you
21 just talked about, couch surfing and not likely to give
22 the woman a sense of security, or do we know where they
23 are staying?

24 DR SPINNEY: We don't. As the previous witnesses said, it's
25 really difficult because when perpetrators go and try and
26 access homeless accommodation, they are very unlikely to
27 say, "I've been excluded from the home because I've
28 committed a crime of domestic and family violence." So
29 people keep very quiet about it. It is really difficult
30 to get those figures, I'm afraid.

31 DEPUTY COMMISSIONER FAULKNER: No one has done any research

1 through the victims who know where the perpetrator is?

2 DR SPINNEY: Not that I'm aware of. I don't know of any.

3 MS ELLYARD: If there are no other questions, I ask that the

4 witness be excused. Noting the time, can I invite the

5 Commission to perhaps take a 10-minute break? Without

6 wishing to sound like a school mistress, we are running a

7 little bit behind and I wouldn't wish to short-change any

8 of the other witnesses.

9 COMMISSIONER NEAVE: Thank you. And thank you very much,

10 Dr Spinney.

11 <(THE WITNESS WITHDREW)

12 (Short adjournment.)

13 MR MOSHINSKY: Commissioners, the next session is a panel of

14 four witnesses: Robyn Springall, Heather Holst, Trish

15 O'Donohue and Angela O'Brien. I ask if they could now be

16 sworn.

17 <ROBYN SPRINGALL, affirmed and examined:

18 <HEATHER MARGARET HOLST, affirmed and examined:

19 <PATRICIA O'DONOHUE, affirmed and examined:

20 <ANGELA O'BRIEN, affirmed and examined:

21 MR MOSHINSKY: Could I start with you, Ms Springall. Could you

22 please tell us what your position is at VincentCare?

23 MS SPRINGALL: I'm the Accommodation Services Manager for the

24 Northern Community Hub at VincentCare and I look after the

25 initial assessment and planning team, which is the access

26 point, the tenancy and property management team, and also

27 the two family violence services that we have.

28 MR MOSHINSKY: Have you prepared a witness statement for this

29 Commission?

30 MS SPRINGALL: Yes.

31 MR MOSHINSKY: Are the contents of your statement true and

1 correct?

2 MS SPRINGALL: Yes, they are.

3 MR MOSHINSKY: Can I next turn to you, Ms Holst. Can you
4 please tell us what your position is?

5 MS HOLST: I'm the Director of Services and Housing at Launch
6 Housing. That's a recent amalgamation of HomeGround and
7 Hanover Welfare Services that covers services in the
8 northern and southern metropolitan area principally, but
9 also some outer areas. So it's a range of homelessness
10 services with some family violence specific services
11 within that portfolio.

12 MR MOSHINSKY: Thank you. Have you prepared a statement for
13 the Royal Commission?

14 MS HOLST: Yes, I have.

15 MR MOSHINSKY: Are the contents of your statement true and
16 correct?

17 MS HOLST: Yes, they are.

18 MR MOSHINSKY: Ms O'Donohue, could you please tell us what your
19 position is?

20 MS O'DONOHUE: I'm the CEO of WISHIN. We are a gender-specific
21 homeless outreach support service in the northern suburbs.

22 MR MOSHINSKY: Thank you. Ms O'Brien, can you please tell us
23 what your position is?

24 MS O'BRIEN: I'm the Operations Manager at WISHIN.

25 MR MOSHINSKY: Thank you. Have you, Ms O'Donohue and
26 Ms O'Brien, prepared a joint witness statement for the
27 Royal Commission?

28 MS O'BRIEN: We have.

29 MR MOSHINSKY: Are the contents of the statement true and
30 correct?

31 MS O'DONOHUE: They are.

1 MR MOSHINSKY: Ms Springall, can I direct the first questions
2 to you. Could you please tell us at an overview level the
3 types of housing or homelessness services that VincentCare
4 provides?

5 MS SPRINGALL: VincentCare provides a number of homelessness
6 services. Like I said, we are the access point for the
7 northern region of Melbourne, so anyone who is becoming
8 homeless or at risk of homelessness accesses us. The
9 organisation also has a number of other services,
10 generalist case management services, programs for
11 different cohorts, for young adults, older people. So
12 there's a mixture of programs, but basically with
13 homelessness as the cause. That's how they get linked
14 into those programs.

15 MR MOSHINSKY: Can you tell us a bit about what happens at the
16 access point? We have already heard evidence today about
17 the different access points that exist around Melbourne.
18 Can you give us a picture of what an access point is like
19 in practice?

20 MS SPRINGALL: On any given day we see any number of people.
21 We don't have a set number that we see, like case managers
22 have a case load, but the initial assessment and planning
23 staff see whoever walks in that door and some days it can
24 be 20 or 30 people, other days it may be quieter. But the
25 demand certainly outweighs how we can see people, so we
26 have to triage what people's needs are.

27 We have an appointment system. So, if people
28 need an interpreter or might need a longer appointment, we
29 set up for that. We also hold spots open for people who
30 might just be walk-ins who have had nowhere to sleep that
31 night and we will possibly put them up in a motel for that

1 night and get them to come back the next day where they
2 will have an assessment done.

3 Assessments can take up to an hour depending on
4 the complexities of the person. Once the assessment is
5 done, they are then placed on a prioritisation list to
6 await support services that may be appropriate to what
7 their needs are. There's never one day the same. It's
8 just constantly trying to meet people's demands with the
9 limited resources we have.

10 We have approximately \$1,500 a day to spend on
11 Housing Establishment Funds. A lot of that does go to
12 crisis accommodation. While it may sound a lot, it is
13 actually not, because if we are putting up a woman and a
14 large family we might need two motel rooms. That's going
15 to eat into most of that. If we had to do that for a
16 couple of days, that's going to be eating into that money.
17 We have to be very careful about what we do with our money
18 and make sure we get the most bang for our buck for who we
19 need to help.

20 MR MOSHINSKY: That \$1,500, is that in total?

21 MS SPRINGALL: A day. We have a budget, but we try to ration
22 it to \$1,500 a day. We try to stick with that. So if we
23 have a run on it for crisis accommodation, which we can
24 get in a motel for about \$90 a night for a single person,
25 but families would cost more, and we also use that money
26 for rent in advance or rent in arrears to try and save
27 tenancies, but it's a juggling act all the time with that
28 money.

29 MR MOSHINSKY: Do women come to the access point with children
30 sometimes?

31 MS SPRINGALL: Yes, they definitely come with children. We

1 have a playpen and things for children because they are a
2 big part, women and children are a big part of our client
3 group.

4 MR MOSHINSKY: Might people have to wait for a while before
5 they have an appointment?

6 MS SPRINGALL: We make appointment times. So generally, no,
7 but they might have to - if they just come in, if we have
8 a woman arrive at 4.30 on a Friday afternoon who has
9 nowhere to go for that weekend, we would triage them and
10 put them in a motel for the weekend and have them come
11 back at an appointment time on Monday to do a proper
12 assessment of what their needs and what their situation
13 is.

14 MR MOSHINSKY: Could I ask you, Ms Holst, and you have already
15 indicated this to some extent, but can you give us an
16 overview of the types of homelessness or housing services
17 that Launch provides?

18 MS HOLST: We run three of the homelessness access points, so
19 the inner north, the inner south and the middle south. We
20 would see around - I would say it would be around 12,000
21 people a year through those access points. They have some
22 outreach posts as well at the Victorian Aboriginal Health
23 Service, the Melbourne Magistrates' Court and the
24 Neighbourhood Justice Centre, because obviously a lot of
25 people who are before the courts have homelessness issues
26 as well.

27 We run case management services on an outreach
28 basis. For example, the Street to Home outreach service
29 which is for rough sleepers, so there's a range of
30 outreach services for families and for singles. We run
31 crisis accommodation services. Probably the best known of

1 those is Hanover Southbank, and there's also smaller
2 crisis accommodation options in Dandenong for families,
3 for single women, and we do a lot of the sort of Housing
4 Establishment Fund brokerage that Robyn refers to.

5 I was trying to quickly tot up how much our daily
6 limit might be. It's probably on a daily basis between
7 the three access points more like \$5,000 a day, so Housing
8 Establishment Fund is a big part of it.

9 We also run 600 units of transitional housing.
10 We run long-term housing, so owned housing but also head
11 leased and we also run a real estate agency so that we can
12 get the men and women we see proximate to the private
13 rental market. We run a range of private rental brokerage
14 programs as well. I think that's it.

15 MR MOSHINSKY: With the \$5,000 a day that you refer to, how
16 many clients would that be able to assist?

17 MS HOLST: The average assist is actually quite low. It's
18 somewhere around \$180. We find ourselves having to
19 emphasise crisis options. There's some other brokerage
20 products that we use for private rental, whether it be a
21 tenancy that's in trouble because of money or establishing
22 a new tenancy, and that's separate again from that money.

23 MR MOSHINSKY: I think you referred to brokerage amounts.
24 Could you explain what services you provide there?

25 MS HOLST: There's a private rental or brokerage program which
26 is through the Department of Health and Human Services.
27 That's through the northern suburbs, that particular one.
28 So all sorts of homeless and family violence agencies can
29 access that and there's a worker that manages the money,
30 but also gives advice on accessing and retaining private
31 rental.

1 There's a community support fund that the former
2 Hanover ran which is around \$500,000 a year and that's
3 built from private foundations. That does a lot of
4 private rental brokerage in a similar sort of fashion.

5 We have a fund that realestate.com have given us
6 for three years and that's specifically for family
7 violence. That's \$150,000 a year, though we split that
8 with Brisbane and Perth as well, and we partner with
9 several agencies who are family violence specialists to
10 deliver that one. So it's all about rent in advance, rent
11 arrears and the associated costs with private rental.

12 MR MOSHINSKY: You also mentioned a real estate agency. Is
13 that a not-for-profit real estate agency?

14 MS HOLST: Yes, it is. We started that in March 2014 building
15 on our experience in property management. The concept
16 there is that a number of people in the community would be
17 prepared to put their properties for the use of the men
18 and women we see. So at this stage since March 2015 we
19 have 180 properties we manage in the sort of greater
20 Melbourne area. So basically that's bringing supply
21 that's in the private market, if you like, into the range
22 of the men and women we see.

23 MR MOSHINSKY: Ms O'Donohue or Ms O'Brien, could I ask one of
24 you to explain what does WISHIN do, what type of services
25 does it provide and how does it differ from some of the
26 other types of organisations that exist in the housing and
27 homelessness space?

28 MS O'DONOHUE: We are one of the really few gender-specific
29 services, so what we do is provide homeless outreach
30 support. So we would accept all our referrals from
31 VincentCare and Haven Home Safe for women and their

1 children who have presented as being homeless. Because we
2 are gender-specific, we would tend to get a lot of the
3 women coming to us for that. The outreach support would
4 be a case management response with the women, including a
5 specialist family violence response with risk assessment,
6 ongoing safety planning, a legal response within that,
7 always working to secure their long-term housing with
8 their children, sometimes assessments with their children
9 if their urgent needs are challenging because sometimes we
10 are stretched to do that, but we want to do it.

11 So it's a comprehensive overview with the woman
12 and with her identifying and setting the goals and us
13 journeying with her through that.

14 MR MOSHINSKY: Do people come to you in the first instance or
15 do they have to go to an access point first?

16 MS O'DONOHUE: They have to go to an access point first. Many
17 come us to directly and we have to refer them on to the
18 access points. Certainly if we could accept directly we
19 would have a much stronger number because a lot of women
20 who have experienced family violence and homelessness want
21 a gendered response and up until the mental health
22 recommissioning we had mental health funding which really
23 complemented our model because most women who experience
24 family violence and homelessness will always have mental
25 health illness. The minimum would be anxiety and
26 depression, but often there are far more stronger mental
27 health concerns around that, but not many services provide
28 the comprehensive holistic response to the women and
29 children.

30 MR MOSHINSKY: Could I turn back to you, Ms Springall. Do many
31 of the people who seek services from VincentCare, have

1 they been affected by family violence and in particular
2 the women who come to VincentCare looking for housing,
3 have many experienced family violence?

4 MS SPRINGALL: We think they have anecdotally. Certainly in
5 our client record system there's ways of categorising why
6 people have come. It's not always family violence. It's
7 stated as a first reason. It might take a bit of further
8 questioning, because they may have left a violent
9 situation, been couch surfing or staying with family and
10 then come to us as an access point because that situation
11 is now not tolerable.

12 So often family violence may not be identified as
13 the main cause of homelessness, like was discussed earlier
14 this morning, but if you dig deeper - and it is about
15 having IMP workers who know the right questions to ask to
16 pull out that information because people, women, are
17 embarrassed too. They often don't want to admit that they
18 have these issues going on. So, yes, I think a fair high
19 percentage do. I don't think we record it as well as we
20 can. But, anecdotally, yes.

21 MR MOSHINSKY: Ms Holst, do many of the people who come to you,
22 to Launch, have they experienced family violence?

23 MS HOLST: Yes. We did a case file audit between the Hanover
24 and HomeGround case files, a snapshot of 598 case files,
25 to overcome the type of problem Robyn is referring to of
26 really knowing whether family violence is present or not.
27 Of those 598, we found 59 per cent had family violence
28 going on. Some of those perpetrators - and unfortunately
29 the way we designed the Quick project didn't tease out who
30 was principally a perpetrator and who was principally a
31 victim.

1 That's not the initial assessment services, which
2 are the higher volume ones. We know that there's a lot of
3 women, as Robyn says, who come first there because the
4 thing on top of their minds is, "Where do I stay?" And
5 then we, as best we can, link into the specialist family
6 violence. But I think we need better assessment
7 approaches than we do have now because I think we are
8 missing some people.

9 MR MOSHINSKY: Ms O'Donohue or Ms O'Brien, many of the people
10 who come to WISHIN, have they experienced family violence?

11 MS O'DONOHUE: Yes, we did a snapshot for the first quarter of
12 this year and 80 per cent of our clients, just over
13 80 per cent, had recent or current family violence and all
14 our women come from the northern access points.

15 MR MOSHINSKY: I would like to pose this question really to
16 each of the panel. Given that, from your answers just
17 given, many of the people who come to the homelessness
18 services that your organisations provide have experienced
19 family violence, how well placed are your services to deal
20 with the family violence issues and what issues of
21 concern, if any, do you have about the process in terms of
22 providing family violence support as is required in those
23 circumstances?

24 MS HOLST: I can start. Variable, basically. So we have a
25 project in the Shire of Whittlesea in conjunction with
26 Kildonan and the Salvation Army Crossroads up there.
27 Families at Home it is called and it is an early
28 intervention family violence and homelessness response.
29 It has seen nearly 400 families. The concept there is a
30 sort of specialist team, so we have a housing worker in
31 there, Kildonan provide the family violence and financial

1 counselling and Crossroads provide some other family
2 violence counselling into it. So it is a
3 multi-dimensional team, if you like. That's a terrific
4 approach. That works really well.

5 We also run some of the brokerage for men who
6 have been removed from the family home, so that's a crisis
7 accommodation response. That also works very well. So
8 there's ways that it can work very well, but I think we
9 need a better understanding from all the workers of
10 exactly what family violence is and also better access to
11 the types of services that are required as well as housing
12 services. We can do the housing, I would argue, best of
13 all, but we can't necessarily do the rest of the family
14 violence suite of responses the best of all.

15 MS SPRINGALL: At the access point - this is a more general
16 answer, not about specific programs - but we have a client
17 space and if women don't identify that it is family
18 violence, we can actually put them in a separate room and
19 deal with them separately so they may not be seen from
20 the outside by someone.

21 If we have couples in, a couple come in and we
22 suspect there may be family violence going on, we will try
23 and separate them so we get to speak to the woman
24 separately to the man. That sometimes is successful and
25 sometimes it's not, but at least we try and get some idea
26 of what's going on, particularly if they have come back a
27 couple of times.

28 With the lack of family violence specific
29 responses we can give people who may get referred to
30 generalist services, the staff in those services are
31 having to lift up their skills because more people are

1 talking about experiencing family violence when they are
2 starting to develop the case plan and rapport with that
3 person, and we have had our staff from one of our family
4 violence services come and train up the case management
5 staff about what are some of the family violence specific
6 issues that they are coming into contact with more now,
7 it's much more prevalent than it was even a few years ago.
8 Maybe that's because people are identifying it more or
9 it's happening more, I don't know, but we are certainly
10 having to upskill the generalist case managers because it
11 is a bigger issue.

12 MR MOSHINSKY: The generalist case managers, so this is in the
13 homelessness service?

14 MS SPRINGALL: Yes.

15 MR MOSHINSKY: Do they have the time in terms of the processes
16 to undertake the Common Risk Assessment Framework for
17 family violence?

18 MS SPRINGALL: They will do that. Yes, we try and get
19 them - they try and have that as part of their training.
20 But it's also just making safety plans specifically for
21 family violence and things like that, so it's just a
22 different skill set than what they might - and that's
23 across all the cohorts. It's with the young adults team
24 as well as we've had some older women who have presented
25 experiencing family violence from their children. So, it
26 touches all the support areas that we deal with.

27 MR MOSHINSKY: Ms O'Donohue and Ms O'Brien, would you like to
28 comment on this issue?

29 MS O'DONOHUE: I'm not sure I remember your question, Mark.

30 MR MOSHINSKY: The question is if the homelessness services may
31 be the first place that a woman experiencing family

1 violence turns to, how well placed are the homelessness
2 services or in particular WISHIN, for example, to deal
3 with the family violence issues?

4 MS O'DONOHUE: Thank you. I don't think the homelessness
5 system is very well equipped at all because from our
6 perspective it's equipped to deal with the minority of
7 women that don't experience family violence as to why they
8 are presenting. It's really rare for us to get a risk
9 assessment with any of our referrals. I think the staff
10 who do the IAPs are guided by some questions on the
11 initial risk assessment. So we may get two or three
12 sentences that indicate a woman has experienced or is
13 currently in family violence. Some of the women have
14 disengaged from the family violence support system, the
15 specialist system, and where there was strong risk
16 assessments and management, but that documentation and
17 information doesn't travel with them. So, there needs to
18 be stronger communication and interaction across both
19 service systems.

20 We feel that we catch the risk because we provide
21 a specialist family violence response because that's what
22 the women and children need. We are not funded to do that
23 and we are excluded from applying for family violence
24 funding because we are viewed as a homelessness service.
25 So there's a lot of inequities and disparities in the
26 system itself. But for the women, if they go to a
27 homelessness support service that isn't a gendered
28 response that doesn't undertake the specialist family
29 violence response of the continual risk assessment and
30 safety planning, then those women and her children and
31 those staff at those agencies are all at high risk because

1 the men could be stalking, harassing and following and
2 they are unaware, they are not managing it, they are not
3 assessing it, there's blind spots in that system that put
4 a lot of women and children and the staff in danger.

5 I just don't understand why a homelessness
6 service system is catering for the minority of women and
7 children who present. Even if the lowest stats are 50
8 plus per cent, there's not ideal situations for women to
9 disclose family violence when they go to homelessness
10 access points, as outlined by Robyn and Heather, but also
11 because they may not want to disclose if their children
12 are with them. They may not be in a position to disclose
13 because at all the access points you can generally be
14 overheard in the next interviewing space, so it's not
15 conducive to telling the truth and your story. Sometimes
16 you might be with your partner and presenting as
17 homelessness and sometimes you get interviewed together
18 and sometimes you get interviewed separately.

19 Sometimes if the women have disengaged from the
20 specialist family violence service, it's because the
21 perpetrator is posing a higher risk, but that risk isn't
22 currently being caught by anyone. Some of the women we
23 are working with, when we do the comprehensive risk
24 assessment, they are at number one risk for homicidal
25 methality and my staff are very much at risk as well. So
26 we have to get the duress alarms, the safety cards, and we
27 have had to buy many of them this year for the staff and
28 the clients to keep them safe.

29 I think the whole homelessness and family
30 violence system should have a stronger gendered analysis
31 and a stronger gendered response, because the kind of

1 things like the logistics of interviewing women and
2 children and ascertaining why they're homeless and
3 ascertaining their family violence experience needs to be
4 borne out in the design of the service and how they
5 present, how they are interviewed, what the spaces are
6 like, where the confidentiality sits, what the risk
7 management is like. It has to be all there from the very
8 first point of call when the women go there.

9 They need to feel valued. Their children need to
10 feel valued. They don't need to feel like they are not
11 getting the strongest response that they need. I think
12 that's where the gaps in the system are, and there's many
13 blind spots. Everyone is committed to reducing the level
14 of women and children killed and at risk through family
15 violence and I think that there are risks there that need
16 to be identified.

17 MR MOSHINSKY: Thank you. Can I invite either Ms Holst or
18 Ms Springall, if either would like to comment on
19 Ms O'Donohue's points?

20 MS HOLST: I do have a comment. We absolutely have private
21 interview rooms and actually the only few times there have
22 been incidents in the waiting rooms do tend to be family
23 violence related and our workers are very well trained and
24 the police are on very quick dial for that sort of stuff.
25 So it might be a sort of a patchier situation. It's a big
26 part of the system. So I'm just saying, as usual, pockets
27 of higher and lower kind of quality is important to know.

28 MS SPRINGALL: And certainly in regards to doing assessments,
29 there is the general assessment that the initial
30 assessment planning workers do and we try and pick up the
31 family violence issues, but again it is about time and how

1 much time you can spend with a client in that high volume
2 service. So there are certainly gaps and it could
3 certainly be strengthened.

4 DEPUTY COMMISSIONER FAULKNER: Can I just follow that very
5 question. So the evidence was essentially that the
6 assessment services can't get a lot of information onto a
7 form that gets transferred to you to understand the risk
8 of family violence. Who is the determiner of what that
9 form looks like? Is it a consistent form across the
10 system or is it agency by agency?

11 MS SPRINGALL: It's what's called SHIP, it's our client
12 management system. So that's statewide, we have no choice
13 in that. On the general assessment there are sections to
14 pick up, is there family violence involved. It depends
15 on, like I was saying before, maybe the skills of the IAP
16 worker in drawing out that information in a limited amount
17 of time, because the pressure is that there are more
18 people coming through.

19 Having said that, if we know or we really think
20 family violence is there and all the issues that go with
21 that, we will work with that woman to try and get that
22 stuff out, even making referrals to Safe Steps which can
23 take a couple of hours. So, clients who come in with
24 family violence in a generalist homelessness service
25 system do take a lot of time, which is fair enough, but
26 again it's in a higher volume service. There's always
27 that pressure of those other people who need assistance as
28 well for other needs apart from family violence.

29 DEPUTY COMMISSIONER NICHOLSON: Could I ask how much time on
30 average does a practitioner in the access service actually
31 spend with the client?

1 MS SPRINGALL: Our appointments go for an hour and we'd say
2 maybe half an hour talking with that person getting the
3 information, half an hour, 40 minutes, depending, and then
4 there's the writing up of that after that. That's within
5 that hour. That's what we aim for. It often blows out.
6 Like I said before, it does depend on the skill of the
7 worker and how they ask questions, knowing the right
8 questions to ask and getting that information in the
9 shortest amount of time. People often won't open up
10 straight away. It does take time to build a rapport. So
11 that worker has to be skilled in getting that information
12 out. That's something that we are always working on and
13 trying to improve, so it's better for clients.

14 MS HOLST: I just add to that that the access points also - we
15 run them as drop-ins, and so there can be a real variation
16 basically between the time taken and it can be, as Robyn
17 is indicating, a series of interviews as well. So there's
18 the very immediate stuff where you would hope that if
19 family violence, especially of a risky nature, is present,
20 that would be determined. But the access points hold them
21 for some time.

22 COMMISSIONER NEAVE: Two questions, first to Ms O'Donohue just
23 to make sure I have understood what you are saying.
24 I think what you are saying is that there is such a high
25 level of family violence among at least women who are
26 seeking some sort of housing support accommodation that
27 really the system should be designed around that
28 proposition, that it's the norm rather than the exception.
29 Have I understood you? Is that what you say?

30 MS O'DONOHUE: I totally agree, yes.

31 COMMISSIONER NEAVE: The other issue which really goes to all

1 members of the panel, we have heard from a number of
2 people that at some access points you have to be there at
3 9 o'clock in the morning to have any chance of getting
4 accommodation for that night and that creates difficulties
5 for women with children that they have to get to school,
6 but you have to get there by that time in order to have
7 any hope of getting some sort of accommodation. Is that
8 an accurate representation of the position?

9 MS SPRINGALL: Certainly not at VincentCare and with HomeGround
10 I would say, too. Like I said, we have set appointments,
11 but they're often made when people have come in and we'll
12 say, "You've got somewhere to sleep tonight. Come in
13 tomorrow, we'll do a proper assessment." We also hold
14 space for drop-ins or people who have no bed for tonight.
15 So, no.

16 COMMISSIONER NEAVE: Other people are nodding, but are there
17 any services that operate in that way?

18 MS SPRINGALL: Probably.

19 COMMISSIONER NEAVE: Are you aware of any other access points
20 that operate in that way?

21 MS O'DONOHUE: Yes, the feedback from our clients is that they
22 sometimes struggle to get to early appointments and to
23 line up and to get an appointment allocated at a
24 reasonable time for them. So, we have had women who have
25 been disadvantaged in that way, but I guess the other
26 point is that the access points prioritise the women and
27 children and we get the women and children who have been
28 prioritised, so who have come to their attention for
29 whatever circumstance. There's other gaps for women who
30 aren't on the prioritisation list and who haven't been
31 able to navigate the system successfully.

1 COMMISSIONER NEAVE: Thank you.

2 MR MOSHINSKY: Ms O'Brien, did you want to add something to an
3 earlier discussion?

4 MS O'BRIEN: Yes, and to that one too. Just briefly, it
5 actually can be a risk for a woman to line up at all at a
6 generalist service. The perpetrator or his associates may
7 also be in the homelessness system and may encounter her
8 whilst she tries to access that service. Her children may
9 be with her and may witness any further altercations. She
10 may also have been in unofficial hiding and if she
11 represents at an access point she could be waiting many
12 hours and could be visible.

13 The other point I want to make is in response to
14 your question about a common data collection or assessment
15 tool, and I must reference the CRAF, the Common Risk
16 Assessment Framework, because the preliminary CRAF has
17 been internationally accredited and it is designed to be
18 used as appropriate by homelessness funded services. In
19 the current system, however, I can see no capacity for
20 them to do it. Even a very seasoned specialist family
21 violence worker could probably not undertake a preliminary
22 CRAF, so a level 2, in under 40, 45 minutes and their
23 assessment is already at least an hour.

24 MR MOSHINSKY: Ms Springall, did you want to add to that?

25 MS SPRINGALL: Yes, I agree with that. I was going to say
26 something I've totally forgotten, sorry.

27 MR MOSHINSKY: Can I ask this more general question about
28 people who have experienced family violence. What
29 prioritisation, if any, is there in the current system for
30 them to get housing at the various stages and what
31 bottlenecks are there in the system that they are

1 currently experiencing?

2 MS HOLST: That absolutely reaches a higher priority. So when
3 there's risk, that really rockets people up the
4 prioritisation list, and when there's not other sort of
5 options that people have as well, so that's true. But
6 then there's just the plain affordable housing lack that
7 has been pretty well talked about this morning, so the
8 ability to match the need to the supply is where it really
9 comes undone.

10 So I think there's two problems, I suppose: a
11 possible under-recognition of family violence through the
12 generalist access points. Again that's patchy, but it's
13 definitely there, and then the matching, because of the
14 demand outweighing supply so heavily.

15 DEPUTY COMMISSIONER FAULKNER: Can I pursue that point as well.
16 Just on prioritisation, we have had women who have told us
17 that if they seek help from family they don't get much
18 help from homelessness services. So, I suppose I've got
19 to the point where I wonder whether as a family you would
20 be better off not to help in order to get some attention.
21 I know it's morally wrong, but is it true what people are
22 saying to us, that if your family has put you up for a
23 couple of nights you obviously don't get emergency
24 assistance, but they also say you then fall back in the
25 queue for anything transitional or long-term? So is there
26 a disincentive there for families to give any assistance
27 at all?

28 MS HOLST: I think that's a fair point, actually, but if it was
29 one of my daughters I'd put them up because the options
30 that are available in the emergency system are so slim.
31 I cited 600 transitional properties that Launch Housing

1 manages and that's compared to somewhere between 18 and
2 20,000 people approaching our services a year. This is
3 the scarcity. So, absolutely, women and their children
4 who have no such family support at all, we would make the
5 very hard decision to prioritise, absolutely.

6 DEPUTY COMMISSIONER FAULKNER: So how does a family that is
7 helping their child help them get into more long-term
8 accommodation, or helping their sister? It's more sisters
9 we hear of; the family of the sister doesn't want to
10 continue having the threat to their own family of having
11 this person around, and yet they seem to go backwards in
12 the queue because someone is assisting them.

13 MS HOLST: This is where the private rental brokerage type of
14 things come in handy, because ideally you will get into
15 the housing you need to stay in early in the piece. So if
16 you have a period staying with relatives, and that's
17 always more or less a strain, but if you can go into the
18 long-term housing you need, that is by far the best
19 approach.

20 I think there needs to be an expansion of the
21 type of private rental and also some of the mortgage
22 rescue type of things if a woman has been part through
23 paying a mortgage that she could go back to. That's where
24 a family should I think be directing their person and
25 help.

26 DEPUTY COMMISSIONER FAULKNER: Even if they are on benefits and
27 can't afford the private rental market?

28 MS HOLST: A family with some children, it can be a strain.

29 But again the other option is public housing or the very
30 small amount of social housing. As I think Angela cited,
31 that's in the three to four per cent in Victoria.

1 MS SPRINGALL: I guess the reality is, yes, families will offer
2 support, but we have very little that we can offer people.
3 So sometimes even though that's a horrible situation,
4 depending on the amount of money we have each day to
5 support people and put them in crisis accommodation or
6 rent in advance, the reality is sometimes that's the case
7 to happen because there's just not the resources out
8 there, there's not the accommodation out there. As hard
9 as that is, that's the reality of it and that's what we
10 are often telling clients.

11 DEPUTY COMMISSIONER FAULKNER: All I'm trying to get at is not
12 the crisis bit. I think the family has already put their
13 hand up. But it's the longer term housing solution so
14 that the sister's family who the husband doesn't want them
15 there any more isn't then put in a situation of being
16 always there and not being able to get any help. That's
17 more the point.

18 I understand families will do what they have to
19 do, but it's that longer term. Is it cutting off options
20 not to have come through - if you are stuck in a motel
21 that's being supplied by you, probably you are going to be
22 more inclined to get the person out of the motel than you
23 are out of the family couch surfing or whatever.

24 MS SPRINGALL: That's the reality because - yes, that's just
25 the reality of it.

26 MS ELLYARD: Did any of the other witnesses want to comment on
27 bottlenecks and the ability of someone who is a victim of
28 family violence to actually get support by way of housing?

29 MS O'DONOHUE: I think it's pretty well documented and said by
30 Robyn and Heather. But particularly larger families, we
31 have had a family with four children for five years in a

1 transitional property that was meant to be there for maybe
2 six or 12 months. Some of the children are now turning
3 into young adults and so the mother no longer qualifies
4 for a property with four children, but doesn't want to
5 split the family up. The system bottlenecks at every
6 point and there just needs to be a stronger flow-through
7 or a stronger emphasis to keep women in their homes.

8 MR MOSHINSKY: We heard evidence on the first day from a woman
9 who had four children who had no luck in getting access to
10 crisis accommodation because she had four children. Is
11 that a common experience, that someone with four children
12 won't be able to get into a refuge?

13 MS HOLST: I'm not sure about a refuge, but we would certainly
14 be putting them into motel type accommodation as opposed
15 to a refuge.

16 MS SPRINGALL: Yes, that's what we would do as well. The other
17 option we have is rooming houses, like dodgy rooming
18 houses, and we don't put women and children in those
19 because of the risk to them. What we do is co-payments.
20 You might have a woman and children being in a hotel,
21 which is not ideal, particularly if there are no cooking
22 facilities and things like that, but it's the only thing
23 we have to offer them. Co-payments means we will pay some
24 and they will contribute as well. We can hold them there
25 for longer in the hope that transitional housing may come
26 up or some other option comes up through private rental
27 brokerage or something like that.

28 MR MOSHINSKY: I'm conscious of the time and I want to allow
29 time if the Commissioners have some questions.

30 DEPUTY COMMISSIONER NICHOLSON: I had two questions. One is,
31 Ms Holst, in your submission you have really advocated

1 that private rental brokerage be scaled up to enable rapid
2 rehousing of people who have suffered family violence.
3 The challenge for the Commission, frankly, is to get good
4 data about that as to what the level of subsidy needs to
5 be, for what circumstances, what period of time. Are you
6 able to provide the Commission with data about your
7 experience in your various brokerage programs?

8 MS HOLST: Yes, I could provide that. Just to emphasise,
9 Commissioner, that that is suitable for many women and
10 families, but not for all. So I don't advocate private
11 rental brokerage to fix all, but I think as a scaleable
12 response it's good for many.

13 DEPUTY COMMISSIONER NICHOLSON: That analysis of for whom it's
14 suited would be very helpful to the Commission. The other
15 thing I wanted to ask you was in your submission you
16 talked about the Homeless Children's Support Service,
17 which of course this Commission has already heard about
18 the impact of family violence and associated homelessness
19 on children, so it's of great interest to me. Do you have
20 any views about the reach and adequacy of that program?

21 MS HOLST: I think it's a terrific program, but like many
22 things in our service sector across Victoria it's only
23 available at certain locations. So I think that's
24 absolutely another one that needs to be considered for
25 scaling up. I'm aware that domestic violence outreach
26 services and refuge services have some specific services
27 for children too, but I think we need to recognise the
28 number of children who are in the homelessness system with
29 their mother usually. So I think that one is a really
30 good one to scale up as well.

31 If we can get in early in the type of response

1 again that Angela Spinney was talking about in Tasmania,
2 we can address a lot of things that don't then sort of
3 fester on.

4 One of the main things that happens to women,
5 too, who are mothers is that their efficacy as mothers is
6 drastically undermined, often through the type of
7 interpersonal violence they suffer, and their belief in
8 themselves as mothers is the fundamental part to the
9 wellbeing of a woman who is a mother. So programs that
10 recognise that dynamic interplay are extremely important
11 and I think need to be made more of.

12 DEPUTY COMMISSIONER NICHOLSON: Whilst on the issue of
13 children, I'm aware that your organisation for some time
14 has had an internal fund that practitioners can draw down
15 to assist children which is a sort of brokerage model.
16 Can you tell us and the Commission just a little bit more
17 about that?

18 MS HOLST: That's the one called the Client Support Fund which
19 is roughly half a million per annum that is made up of
20 private donations. The terrific thing about that is that
21 it's whatever the client type need is can be met that way.
22 So Housing Establishment Fund is more of necessity, a bit
23 more prescriptive. That's housing related stuff. So
24 having that ancillary type of fund that can help with all
25 those other type of things that turn out to be blocks and
26 barriers is incredibly important.

27 I unfortunately can't tell you of that \$500,000
28 how much is directed to family violence, clients with
29 family violence as the primary issue, but I can talk to
30 that flexibility as an important aspect.

31 DEPUTY COMMISSIONER NICHOLSON: Thank you.

1 DEPUTY COMMISSIONER FAULKNER: I wanted to ask a question,
2 probably to anyone on the panel who might like to answer
3 it. With this focus on family violence and the demand
4 that's coming through greater reporting and greater action
5 and perhaps more prevalence, is there a group of clients
6 that you have been traditionally serving that have been
7 crowded out in any way? So is there a competition that
8 the Commission needs to be aware of that crowds people
9 out, basically?

10 MS O'DONOHUE: Yes. Certainly we have noticed an escalation in
11 men's violence and the women coming to us at much higher
12 risk, which means the women who previously we worked with
13 which were at lower risk or just needed help around their
14 housing and support are being crowded out, because with
15 the focus on the Commission and its good work I think a
16 lot of the men are fearful of losing power and control, so
17 the level of violence has escalated and the type of
18 violence has escalated. There's a much stronger use of
19 technology and tracking devices on women and children now
20 which we have to learn and train up about. So I think
21 there is a crowding out of the women at lesser risk who
22 are still homeless.

23 DEPUTY COMMISSIONER FAULKNER: Does anyone have a different
24 view?

25 MS HOLST: I couldn't speak to that, I daresay. We have
26 already described how hard we have to target our
27 assistance. The level of demand increases. If there's
28 another factor which rightly is asking people, persuading
29 people to sort of be on the move, then that is a problem
30 for us. So this is a system awash in demand that we can't
31 meet.

1 DEPUTY COMMISSIONER FAULKNER: I had one more while you are
2 speaking, Dr Holst, in relation to you. You talked about
3 your head leased program. Who is the target for the head
4 leased program and are there enough head leased properties
5 for whoever that target group is?

6 MS HOLST: That was families who we were diverting out of
7 rooming houses. We have actually downgraded the head
8 leases and made them principally leases that are held by
9 the women that we have subsidised. We actually think
10 that's better. It gets the welfare agency out of the
11 picture a bit sooner and, as long as the subsidy is there,
12 it can be taken over more readily by the woman who is then
13 the tenant. We can spend any money on that, yes. We
14 really have got a high need for that sort of thing.

15 DEPUTY COMMISSIONER FAULKNER: Thank you.

16 COMMISSIONER NEAVE: I had one further question. We are a
17 State Royal Commission, so obviously we can make
18 recommendations about the Commonwealth considering things,
19 but the extent to which they will give emphasis to our
20 recommendations may well be limited.

21 The question that I would like to direct to all
22 of you is if one was thinking about an enhancement of
23 Commonwealth funding to deal with some of these issues,
24 how would you design such a system? Does the rental
25 assistance program that currently exists help or do you
26 need to do something different?

27 MS HOLST: The Commonwealth rent assistance has been stuck at a
28 certain level for a long time. The difficulty is if you
29 removed it, it will be very difficult. But it's not sort
30 of nuanced enough according to particular household
31 composition and particular levels of need. I would look

1 at that. I think they would have adequate data over the
2 years of the program and what the community sector could
3 add to it to do something reasonable. I would also call
4 on the Commonwealth, who are a good half of the funding
5 equation for social housing, and that's where we have
6 really fallen behind. So the lack of social housing is
7 throwing the pressure on all of these other areas.

8 The other thing I would say about the
9 Commonwealth is the consistency of funding for case
10 management type services. We have an alarm and an
11 excursion every 12 to 24 months about whether significant
12 parts of the funding for all our agencies is going to be
13 renewed. We lose workers out of that. We therefore lose
14 quality and knowledge and continuity. So, they would be
15 the main areas I would point the Commonwealth to.

16 COMMISSIONER NEAVE: Thank you.

17 MS O'DONOHUE: I think that we need a suite of options that
18 provides a consistency of service across the two service
19 systems. I think it needs to be done in an accredited way
20 because the risk awareness and risk management comes
21 across both sectors and if it's not at the governance
22 level coming down, it gets lost. So it needs to be
23 enforceable through accreditation at every point of entry
24 where women and children go, and the suite of options has
25 to include the crisis, the interim or the long-term
26 response for the support that they need across that.

27 COMMISSIONER NEAVE: So are you suggesting that the
28 Commonwealth should play some role or a greater role in
29 the context of accreditation?

30 MS O'DONOHUE: Yes, I think the Commonwealth should, because
31 I think you need consistency across the states and

1 territories. While the Commission is here in Victoria,
2 the same problems exist across all states and territories.

3 COMMISSIONER NEAVE: Thank you.

4 MR MOSHINSKY: We are under quite a bit of time constraints,
5 but there's just one point I might follow up with the
6 witnesses. There was a question earlier about the Be Safe
7 program. Could you just very briefly, Ms Springall, tell
8 us what that is?

9 MS SPRINGALL: The Be Safe program is a really effective, cheap
10 program to run. A woman gets a device that calls the
11 police if she needs to. It's a really strong deterrent
12 because I think if perpetrators know they've got that,
13 there's a higher risk that they're going to be caught or
14 whatever. Up at Shepparton at the family violence service
15 up there it was trialled and really successful. It was
16 not continued, but the St Vincent de Paul Society or one
17 of the conferences up there have actually funded it for it
18 to continue for the clients of Marian Community and it is
19 really good.

20 It's \$30 a month to monitor. You purchase the
21 device for a couple of hundred dollars and then it's \$30 a
22 month for monitoring. It is so cheap and so effective.
23 It's a really good program.

24 MR MOSHINSKY: Ms O'Donohue, have some of your clients used a
25 similar type of scheme?

26 MS O'DONOHUE: Yes, they have. It's called the Safety Card and
27 it has the added bonus of a GPS embedded in it. So when
28 it's pressed, the call monitoring centre contacts the
29 police. It has been uploaded with the perpetrator's
30 details and any orders or arrest warrants out for his
31 arrest, so the police are aware what they are walking

1 into. But they have located women at shopping centres and
2 other places, so it gives women a greater confidence to go
3 out with their children and maintain their life and their
4 supports and they're not so isolated. It has been a
5 deterrent to some of the men, but it has also been backed
6 up beautifully by the police.

7 MR MOSHINSKY: Does it include a recording facility?

8 MS O'DONOHUE: Yes, once it's pressed it records the
9 conversation between the perpetrator and the woman which
10 can later be admitted in evidence in court.

11 MR MOSHINSKY: Thank you. May the witnesses please be excused?

12 COMMISSIONER NEAVE: Certainly. Thank you very, very much
13 indeed.

14 <(THE WITNESSES WITHDREW)

15 MS ELLYARD: The next witness is Annette Gillespie and I ask
16 that she come into the witness box and be sworn.

17 <ANNETTE GILLESPIE, affirmed and examined:

18 MS ELLYARD: Ms Gillespie, what's your present role?

19 MS GILLESPIE: Presently I'm CEO of Safe Steps Family Violence
20 Response Centre.

21 MS ELLYARD: Can you summarise for us, please, what is Safe
22 Steps and what does it do?

23 MS GILLESPIE: Safe steps is the 24-hour, seven day a week
24 first responder to family violence in the State of
25 Victoria. So we are a telephone service which provides
26 information and referral, but also crisis assessment, risk
27 assessment and accommodation to women in need of safety.

28 MS ELLYARD: In particular, does Safe Steps play a particular
29 role in the way in which women can access refuge
30 accommodation in Victoria?

31 MS GILLESPIE: Yes. Safe Steps is the central referral

1 organisation to the specialist family violence system
2 which includes refuge accommodation. So we provide a
3 referral contact point into refuges.

4 MS ELLYARD: You have made a statement to the Commission which
5 you have produced and which is dated 10 July 2015. Are
6 the contents of that statement true and correct?

7 MS GILLESPIE: Yes, they are.

8 MS ELLYARD: You have attached to your statement a copy of the
9 submission that your Safe Steps organisation has made to
10 the Royal Commission?

11 MS GILLESPIE: Yes.

12 MS ELLYARD: I want to begin, if I may, to take up a point that
13 you have identified at paragraph 29 of your statement.
14 The Commission has heard in evidence so far about the
15 historical basis for the present location of family
16 violence funding in the homelessness portfolio or the
17 traditional link that exists between homelessness funding
18 and family violence funding. You have a particular
19 perspective on that and I wonder if you could tell the
20 Commission about that?

21 MS GILLESPIE: Yes. So my view is that family violence is not
22 a homelessness issue. It's an issue of men's violence
23 against women and their children. So our resources, our
24 funding and our efforts to prevent violence should be
25 separated out of the homelessness funding and policy area
26 to have its own funding stream and own ministerial
27 portfolio.

28 MS ELLYARD: What implications does the present funding
29 structure with its focus on homelessness have for the way
30 in which family violence service providers are monitored
31 and assessed?

1 MS GILLESPIE: The key challenge, I think, that it presents is
2 that all of the emphasis is on finding accommodation for
3 women and not on providing safety to women. So the focus
4 of safety is not central to the targeted funding that is
5 available. It's all about providing beds and
6 accommodation for women.

7 MS ELLYARD: Does that mean in practical terms many service
8 providers will be measured by such things as how many
9 nights accommodation did you provide, how quickly did you
10 find a housing response, rather than on other issues of
11 how well did you improve that woman's life through safety?

12 MS GILLESPIE: That's correct, yes. It also guides the
13 assessment process as well. Although in the specialist
14 family violence system there are very strong assessment
15 processes focused on safety, it does mean, though, that
16 those assessments are also wrapped up in identifying
17 whether the woman needs accommodation, rather than
18 offering her a range of services that might be better
19 suited to her.

20 MS ELLYARD: Can I ask you then about the refuge accommodation
21 that's available in Victoria. You have indicated that
22 your organisation is effectively the central referral
23 point out to refuges which may be run by a range of
24 organisations. How would you summarise what's available
25 in Victoria at the moment in terms of crisis refuge
26 accommodation?

27 MS GILLESPIE: There are a range of accommodation options. The
28 first is motel accommodation that is funded through the
29 HEF program largely by Safe Steps, but also in some
30 instances by family violence outreach programs. There is
31 also the option of high security refuge. I believe there

1 are about 29 of those refuges across the state. There is
2 supported accommodation as well.

3 MS ELLYARD: The supported accommodation, is that something
4 that's made available further down the track of a woman's
5 pathway through the system or is it something that a woman
6 can access very soon after seeking it?

7 MS GILLESPIE: The supported accommodation is a source that we
8 refer into once the woman has identified that she needs
9 safe accommodation, so it's one of the options that we
10 have available to us. The difference between supported
11 accommodation is that it's short-term as opposed to the
12 refuge being the six-week stay.

13 MS ELLYARD: One of the pieces of evidence that the Commission
14 has heard today or that comes through in the witness
15 statements is the experiences of generalist homelessness
16 services in attempting to or succeeding in making
17 referrals through to your organisation and the need as
18 they have experienced it for the woman to be at acute need
19 because of family violence in order to be eligible for an
20 immediate Safe Steps response, whereas if she's been
21 homeless for a little while she might be regarded by your
22 organisation as lower priority. Is that an accurate
23 description of the situation?

24 MS GILLESPIE: It's certainly not an accurate description of
25 the situation as it is today. I understand Safe Steps has
26 a 40-year history of providing service in Victoria, and it
27 has been known as the Information Referral Service and
28 then the Women's Domestic Violence Crisis Service and more
29 recently as Safe Steps. I think as it has evolved as an
30 organisation there may well have been that situation where
31 women could not get into the service on the basis that

1 they had left a relationship and therefore were not seen
2 to be at risk. But that's not the situation today. The
3 situation in our service model today is that if a woman
4 identifies as needing support with family violence and
5 being at risk of further harm, then we provide that
6 support to her.

7 MS ELLYARD: What form does that support take?

8 MS GILLESPIE: Depending on the level of risk, so for those
9 women who are at high or medium risk, then that may mean
10 that she comes into a motel accommodation in the first
11 instance. Then from there we do a whole of family needs
12 assessment. That might mean that she, following the motel
13 accommodation, goes into a refuge or a referral is made
14 into a refuge and that is the case for 30 per cent of
15 women who come into motels. 30 per cent go back safely
16 who are case managed by Safe Steps to go safely back to
17 their home. 30 per cent go to another community location,
18 case managed to go back into a safe community location.
19 So that might be family or friends, for example.

20 MS ELLYARD: Thinking particularly about the secure refuge
21 model that you have outlined, what's your view about the
22 present match between what women who need refuges might
23 need and what's available in Victoria?

24 MS GILLESPIE: It's very difficult for women to find an exact
25 match to their needs and accommodation that's available,
26 and it's one of the challenges that we face at Safe Steps.
27 We, for example, could have women, up to 40 families a
28 night, waiting for accommodation and there may be beds
29 available in organisations. But on average about
30 35 per cent of those beds cannot be accessed because it's
31 not an exact match between the client profile that we have

1 in a motel and the bed that is available on that night.

2 MS ELLYARD: Who is the gatekeeper, as it were? You are the
3 ones who refer into the refuges. Who is it who makes the
4 assessment about whether a particular referral will be
5 taken up and accepted?

6 MS GILLESPIE: The refuges. So we make a referral to refuges
7 and we let the refuges know the women that are available
8 and perhaps the make-up of the family, the risk factors,
9 perhaps any mental health, drug, alcohol issues for
10 example, and then the refuges decide which of those
11 families they will offer a bed to.

12 MS ELLYARD: What kind of criteria do the refuges apply, in
13 your experience, in determining who they will pick to take
14 out of perhaps an overwhelming supply?

15 MS GILLESPIE: It ranges significantly across the state, so we
16 have providers with refuge beds who are willing to take
17 women with perhaps significant mental health issues, they
18 may be experiencing drug and alcohol use, and they could
19 be at high risk, right through to providers who may not
20 accept women with mental health issues or who are using
21 alcohol and drugs. But it can also be that the age of the
22 children is a barrier or certainly women without permanent
23 residency is also often or most commonly a barrier to
24 women getting a bed in a refuge.

25 MS ELLYARD: I think you have indicated that on any given night
26 there might be up to 30 per cent of providers who have
27 beds available, but those beds can't be filled because
28 they are only making them available to a certain cohort
29 and you can't offer them someone who matches that
30 description; is that correct?

31 MS GILLESPIE: That is correct. But, in saying that, it's very

1 complex reasons as to why that might be correct. But one
2 of the reasons can be that the provider may have a room
3 that fits a woman with three children and we might not
4 have that make-up of family. We might have several
5 families with a woman with one or two children and so
6 therefore that room will stay vacant.

7 MS ELLYARD: Because it is a room for a larger family and the
8 woman that you are trying to place has a smaller family?

9 MS GILLESPIE: Yes.

10 MS ELLYARD: Can I ask you the question that Mr Moshinsky asked
11 the previous panel. The Commission heard some evidence on
12 the first day from a victim of family violence who had, on
13 her evidence, been effectively told by a number of
14 different services, "We can take you with two of your
15 children, but we can't take you with all four. Would you
16 like the room and find somewhere else for the other two
17 children?" Is that something that you are aware occurs?

18 MS GILLESPIE: I certainly know that it doesn't occur at Safe
19 Steps because we have the motel option, so we don't turn
20 any family away who meets the risk criteria. But for us
21 to then place families in other settings and support
22 accommodation or refuges, then that may well be the case.
23 But what it would mean for the family in practical terms
24 is that they would not be accepted into a refuge and so
25 Safe Steps would continue to work with them to find an
26 alternative provider such as a housing option or a Safe at
27 Home response, for example.

28 MS ELLYARD: For how long might they be maintained in a motel
29 while those sorts of things are being worked out?

30 MS GILLESPIE: The average number of nights is 8.6 nights now.
31 It of course can be much longer than that or shorter than

1 that.

2 MS ELLYARD: While we are on this topic, you have indicated in
3 your evidence and in your submission that Safe Steps takes
4 about 55,000 calls per year and those may be calls seeking
5 a variety of sorts of information about family violence
6 matters. The first appendix to your statement also refers
7 to a number of 5,360 women and children who were assisted
8 in the 2013/2014 year. What's included in that? Does
9 that mean that the 55,000 calls involved those 5,000
10 people or are the calls over here and the people being
11 assisted are not the calls but some other form of
12 assistance?

13 MS GILLESPIE: The 5,000 and more that you refer to are the
14 number of women and children accommodated, so we would
15 have had a phone contact with each of those as well.

16 MS ELLYARD: So that's a total of 5,360 women and children who
17 were accommodated either through the placement in a motel
18 or through referral successfully to a refuge through your
19 organisation?

20 MS GILLESPIE: Yes, and I should say that Safe Steps has its
21 own refuge as well.

22 MS ELLYARD: Thinking about the particular kinds of
23 accommodation that are available in a refuge, you give
24 some evidence in your statement about the model that we
25 have in Victoria and the limitations perhaps on its
26 suitability as a form of accommodation. Could you expand
27 on that, please?

28 MS GILLESPIE: The limitations that I see in refuges, firstly,
29 is that it is a high security refuge, so it means that
30 women have to be identified at very high risk before they
31 can go into the refuge, which of course we know that

1 violence escalates when we don't intervene early. So the
2 system itself is driving up the risk to women because we
3 are not providing an early intervention and women are not
4 receiving adequate support until they are at the very high
5 crisis end. So that's one limitation.

6 Women, when they are in high security refuges,
7 are unable to work, are relocated from their community to
8 another area because there are barriers of acceptance
9 regarding what's known as safe areas that women can be
10 moved to. So it means that women are denied their
11 economic independence in that process and that children
12 are denied education during that time. So that's a
13 barrier as well.

14 But also I think more significantly in terms of
15 the service provided and for the cohort of women who meet
16 the criteria, I think by and large that the refuges do a
17 great job and provide a very strong support service. But
18 the system itself means that the services provided are
19 quite narrow, so they don't meet the range of needs that
20 women will have during the lifetime of the violence that
21 they might be experiencing.

22 MS ELLYARD: Is that limitation on the range of services again
23 partly influenced by the fact that all of these
24 organisations are being funded through homelessness
25 dollars and being checked against KPIs which are
26 homelessness related?

27 MS GILLESPIE: Yes. I think by and large that it becomes about
28 targets that relate to bed nights and not outcomes,
29 particularly outcomes of safety.

30 MS ELLYARD: Can I invite you then to step back and reflect on
31 the model in Victoria and how it compares to the model

1 that you are aware of from your many years working in the
2 family violence sector in New Zealand? Can I begin by
3 asking you to give a summary of the work you did in New
4 Zealand and the various roles that you held in family
5 violence organisations while you were there?

6 MS GILLESPIE: I began work in the family violence sector in
7 New Zealand in the 90s. At that time I began working with
8 children and the first role that I held was as a
9 coordinator of children and youth services, which is the
10 first position of its type and that was I believe 1997.

11 That role at that time developed a parallel
12 service for children, parallel to the service that women
13 received in refuges, so it was located in a refuge
14 setting. For every family that came in, the children of
15 that family met with a worker for children aged four years
16 and over, and they in age-appropriate ways went through a
17 safety plan, support network, risk assessment. They did
18 role playing about how to keep safe, but also that program
19 was an advocacy program. So it meant that when the
20 children's needs were identified, that the children's
21 worker advocated for the needs of the children, not only
22 with other community organisations that could support the
23 children, but particularly with the mother and worked with
24 the mother looking at attachment theory and also her
25 coping parenting skills, those types of things.

26 MS ELLYARD: How was it that you came to see the need for that
27 service?

28 MS GILLESPIE: I started volunteering as a mother with a young
29 child at home, so it was a way that I could take my child
30 to the place that I was volunteering at, and my first
31 activity was to work with children just providing them

1 with some fun activities to do and during that time
2 I realised that children would very openly explain their
3 circumstances of violence and the reasons why they were in
4 the refuge.

5 When I spoke to the women's workers at the
6 refuge, it was very evident that the story that the mother
7 was giving of the children's experience, for example
8 mothers work very hard to protect children from hearing
9 and seeing abuse, but that doesn't mean that children
10 don't know about the abuse and are affected by the abuse.
11 So children were very capable at saying what the abuse was
12 and how it was affecting them. So, we recognised at that
13 time that unless we were talking directly with children we
14 didn't really know what their experience was. Then we
15 worked on getting some funding to start up the programs.

16 MS ELLYARD: Having established that program, what was then the
17 trajectory of your professional life in New Zealand?

18 MS GILLESPIE: I then, as happens in most refuges because of
19 staffing shortages, you tend to be volunteered into a lot
20 of different activities. So I went on to advisory groups
21 and boards and professionally I then started an academic
22 career as well, first focusing on sociology, and completed
23 a Masters of Education and Masters in Counselling as well,
24 and a few others, so that I could then be equipped to work
25 with the children and youth.

26 Then in 2001 I took on the role of CEO of
27 Christchurch Women's Refuge, which is the largest refuge
28 in New Zealand and the first to be established.

29 MS ELLYARD: In 2005 you describe at paragraph 15 of your
30 statement a project that the Christchurch Women's Refuge
31 undertook in partnership with the police. Can you tell us

1 about that?

2 MS GILLESPIE: So that's the Family Safety Team Project that
3 was started in 2005. It's a project whereby police funded
4 family violence specialist organisations to employ family
5 violence workers to work alongside police teams located
6 within police stations focused on creating special
7 response teams to family violence.

8 MS ELLYARD: What was the outcome of that project? Has it
9 formed a permanent part of the New Zealand response to
10 family violence?

11 MS GILLESPIE: Yes, it is. It's still going today. Despite
12 the challenges of bringing two very different cultures
13 together and developing a new culture that was a hybrid of
14 both the feminist refuge specialist system and the police
15 system and the challenges that that faced, it had
16 tremendous outcomes for women and their children,
17 primarily because it focused on developing a very strong
18 criminal response to perpetrators and centred the safety
19 of women and children in the response of the team.

20 MS ELLYARD: You also identify in your statement a role that
21 you played following the earthquakes that occurred in
22 Christchurch in 2010 and 2011. Can you summarise for the
23 Commission, please, what the need was that you identified
24 in the aftermath of that earthquake and what you did?

25 MS GILLESPIE: So at that time I was CEO of Christchurch
26 Women's Refuge at that time. We were the only refuge
27 still operating following the September 2010 earthquake
28 and alongside police and ambulance were the only response
29 services that were functioning at that time for some weeks
30 after that earthquake.

31 What we noted was that there was a 50 per cent

1 increase in the first two weeks following the earthquake
2 of violent incidents towards women. As the responder,
3 what we also found was that women sought our service for
4 many other reasons other than family violence. So, the
5 surprising learning from that experience was that women
6 trusted women's organisations to meet a broad range of
7 their needs such as where do you get your chimney fixed,
8 for example, rather than relying on the support lines that
9 had been set up by the council, for example.

10 So it was interesting to note that once you had
11 engaged with the community about keeping people safe from
12 family violence, the community translated that into safety
13 against all sorts of things, including natural disaster.

14 MS ELLYARD: You indicated that there was a 50 per cent
15 increase in family violence incidents in the two weeks
16 after the disaster. Did that revert to normal?

17 MS GILLESPIE: No, it reduced to 30 per cent and I believe it
18 stayed reasonably constant after that, but never returned
19 to before earthquake rates.

20 MS ELLYARD: Having given that overview of your experience in
21 the family violence sector in New Zealand, what comparison
22 can be made between the Victorian model as we presently
23 have it and the New Zealand model and what comments would
24 you offer the Commission about where there might be
25 problems, frankly, in the Victorian approach?

26 MS GILLESPIE: I preface my comments on that with saying that
27 what I talk about is the way in which we support women and
28 children, not that we have reduced violence, because
29 I think they are two very different things and I don't
30 think anywhere in the world has found a way of reducing
31 violence against women and their children, but we can

1 learn from models on how to offer stronger support to
2 women who experience family violence.

3 New Zealand has a very different political
4 structure, but it also has a very different history in the
5 way in which women's refuges have begun and also been
6 organised in New Zealand. The key difference for the
7 matter today is that it's not located within homelessness.
8 It stands very independently and focused on women's
9 safety. But what that translates into is that the
10 outcomes that are met are about women's safety and so are
11 the programs in the way that they are designed, and also
12 the funding is to reduce violence, not provide
13 accommodation for people needing it as a result of
14 violence.

15 So the way that the system is structured
16 differently is that when women are concerned about
17 violence that may be happening in their life, they can
18 contact a service in the area and that service will
19 provide the full suite of responses that they may need,
20 regardless of what point on the continuum of violence the
21 woman might be at, and also services to children as well.
22 So, rather than having a crisis response service and then
23 an outreach service and a refuge service and prevention
24 services, actually the refuges, or if they are not a
25 refuge, the family violence services, provide that full
26 range of services to a woman, and that means that she can
27 go to that service at any time that she needs support with
28 family violence. She doesn't have to tell her story many,
29 many times over. She's not referred out of that service
30 to other family violence related services or in fact
31 homeless services because the family violence service

1 would respond to the need for housing under their needs
2 assessment.

3 MS ELLYARD: If we were to take then and try and give a
4 practical example of a woman who is anxious that she might
5 need to end a violent relationship but not sure yet
6 whether she wishes to do so and wishing to have some
7 information about what her options might be, under the
8 Victorian model does your organisation assist her with
9 that?

10 MS GILLESPIE: We can assist her. She will contact us by
11 telephone, so we don't have a front door, face-to-face
12 response, which I think is another important distinction.
13 She would contact Safe Steps by telephone and we would
14 offer a risk assessment, and then if she didn't want to
15 leave the home we would then link her to a community
16 family violence service, outreach service in her area.

17 MS ELLYARD: Whereas in New Zealand what would be the response
18 that that woman would receive?

19 MS GILLESPIE: She would receive the outreach response from
20 the service she had first contacted.

21 MS ELLYARD: And she could literally walk through a front door.

22 MS GILLESPIE: She could walk through the door.

23 MS ELLYARD: Thinking then about a woman who has obtained
24 advice in the past and now wishes effectively to plan to
25 leave, she doesn't need to leave today but she wishes to
26 leave in the near future, again what's the pathway for
27 assistance in Victoria and how is it different in New
28 Zealand?

29 MS GILLESPIE: She may in Victoria go to an outreach service
30 independent of Safe Steps. I think that's important to
31 make that distinction. So she may be aware of the

1 outreach service in her area and might go quite
2 independently from Safe Steps. But a woman coming to Safe
3 Steps in Victoria who wants to plan, we would be able to
4 offer her planning assistance but via the telephone. She
5 could ring us 24 hours, seven days a week, but would get a
6 telephone response.

7 In New Zealand the difference would be that she
8 would have a worker meet with her face-to-face and that
9 planning would be done in a face-to-face way and the
10 worker would go out and meet with her sometimes in her
11 home if that's safe.

12 MS ELLYARD: Part of the evidence that emerged from the panel
13 session previously was that in the case of a woman who
14 goes directly to a support service like WISHIN but who
15 then needs to access the homelessness system, she would
16 need to go elsewhere to an access point and then
17 effectively get a referral back to the family violence
18 support service again for the kind of assistance that she
19 requires.

20 In the case of a woman in New Zealand who needs
21 that kind of assistance with public housing or otherwise,
22 how does it work? Is there the need to go elsewhere and
23 come back or does it all come under that umbrella of a
24 family violence response?

25 MS GILLESPIE: It all comes under the umbrella of a family
26 violence response. So, when she presents at the family
27 violence service she would be assigned a lead worker and
28 that lead worker would conduct a full needs assessment
29 which would be focused on her safety, but also identify
30 any other needs that she and her children might have. If
31 one of those needs is to find safe, affordable housing,

1 then that lead worker would broker that housing for her
2 with the housing service.

3 MS ELLYARD: So in New Zealand is homelessness a topic that
4 comes up when one talks about family violence?

5 MS GILLESPIE: No. No. It's difficult to explain that, having
6 been in this system now for two and a half years.

7 I understand that that may not make sense. But what comes
8 up is her safety needs. That's the priority, and also any
9 other need that she might have. It's not about her being
10 homeless because most commonly she's not homeless. She
11 typically will have a very adequate house to be in, but
12 can't be there because of the violence that is occurring
13 in the household. So we don't think of her as homeless
14 but living with the effects of family violence.

15 But if for some reason she doesn't have a home
16 and as a result of violence she's been affected by the
17 violence, then we would still be talking to her about how
18 she's going to live safely, sustainably, so not that she's
19 homeless.

20 MS ELLYARD: What about the extent to which the sector in
21 Victoria as compared to New Zealand deals with other
22 issues of complexity like, for example, drug and alcohol
23 issues? The Commission has heard some evidence about the
24 way in which drug and alcohol issues are responded to in
25 Victoria and it's the case that there's a drug and alcohol
26 support system that exists quite separately from the
27 family violence specialist service in Victoria. What's
28 the position in New Zealand?

29 MS GILLESPIE: Again it's the violence that is the priority.

30 If she's presenting to a family violence service, then
31 that will be the priority, so it doesn't preclude her from

1 accessing a family violence service if she is also using
2 alcohol or drugs, if she has a mental health issue. We
3 understand that to be likely to be a consequence of the
4 violence she's experienced. So she's not precluded from
5 that in the New Zealand model. We would just work with
6 those issues with her.

7 MS ELLYARD: But if she needed help in Victoria, for example,
8 she might get a referral to a drug and alcohol worker in
9 addition to the referral she already has to a family
10 violence specialist worker. Is that the model that
11 applies in New Zealand too, where there's family violence
12 specialisation and then other forms of case work
13 specialisation?

14 MS GILLESPIE: There are other forms of case work
15 specialisation, but it's a very narrow edge - the number
16 of women who would be referred from a family violence
17 service into a drug and alcohol or mental health service.
18 It's more likely that the woman would stay with the family
19 violence service but there would be co-case management
20 with another specialist service, rather than a severing of
21 one service and a referral into another.

22 MS ELLYARD: In paragraph 21 of your statement you talk about
23 this issue and the implications for the broad response
24 that New Zealand has for the skill set of staff working in
25 the area. I wonder if you could unpack that topic a
26 little bit?

27 MS GILLESPIE: I think one of the benefits of the New Zealand
28 model is that all workers have to have quite a
29 comprehensive set of capabilities across family violence,
30 mental health, alcohol and drug, because you are still
31 working with women when they are dealing with those issues

1 and they are experiencing family violence. So the
2 workforce development is focused equally on being able to
3 respond adequately to the violence, but also be able to
4 manage mental health and alcohol and drug, should she
5 present with all three or any one of those.

6 MS ELLYARD: Whereas you go on at paragraph 24 of your
7 statement to contrast perhaps the way in which the
8 Victorian system encourages specialisation rather than
9 that broader suite of skills. Could you talk about that a
10 little, please?

11 MS GILLESPIE: Yes. In terms of the violence, I'm a strong
12 advocate for specialisation in risk assessment and family
13 violence response. But I do think that in Victoria,
14 because there is such clear lines between the specialty
15 areas, specifically alcohol, drug, mental health and also
16 youth work as well I would place in that criteria, I think
17 that what it does is limit the workforce capabilities, not
18 because workers don't necessarily want to upskill in those
19 areas, but because the criteria is so rigid about what
20 services can be provided from which organisation that we
21 actually don't build the capability of the sectors.

22 MS ELLYARD: Does that have implications even within the family
23 violence sector because of the way the system currently
24 might locate crisis services here and outreach services
25 somewhere else?

26 MS GILLESPIE: Yes, that would be the same impact, that unless
27 workers move around and get experience in various
28 organisations that have programs funded in particular
29 areas, then they are unlikely to get that broad range of
30 skill and experience that you would get in a model such as
31 the one in New Zealand.

1 MS ELLYARD: Another comment that you offer in paragraph 24 of
2 your statement is on the differing roles played by
3 researchers and policy makers on the one hand, versus
4 practitioners on the other hand, in the creation of
5 systems in Victoria. I wonder could you speak a little
6 bit more about that?

7 MS GILLESPIE: I'm conscious that in New Zealand the practice
8 very much drives the service development. So it is
9 practitioners - firstly, it's women that inform the
10 practice, and then the practitioners co-design the service
11 development with government. Here, in Victoria, there is
12 a middle layer of policy and research informing government
13 about the service design and implementation, which leaves
14 the practitioner wisdom more distant from the actual
15 design of programs.

16 MS ELLYARD: What kind of consequences has that had, in your
17 observation?

18 MS GILLESPIE: I think the first consequence is that the
19 service development doesn't have the real-time experience
20 of what's happening. It's a dynamic and changing field.
21 Things on the ground, a change in women's experience,
22 women's expectations, is changing all the time and if we
23 are reliant on the theory of family violence, not the
24 practice of it, then we can be out of step with those
25 changes.

26 That's the most significant thing that I notice,
27 that what I understand to be happening in our organisation
28 at Safe Steps as a statewide response may be quite
29 different from what I hear others talk about is apparently
30 happening on the ground. They are very different things.
31 So, the correct information is not getting where it needs

1 to go.

2 MS ELLYARD: Because it is being filtered through what you have
3 described as that middle layer creating distance between
4 decision makers at the top from front-line workers at the
5 bottom.

6 MS GILLESPIE: That's right, yes. I don't know that it's being
7 filtered in any intentional way, but just that there
8 aren't the pathways for that information to be integrated
9 into service design.

10 MS ELLYARD: One particular issue that you comment on where
11 there's a difference between the present Victorian model
12 and what you have observed in New Zealand is the extent to
13 which there's a focus on children. The words you use are
14 that you have noticed that children are "almost invisible"
15 here in Victoria. What do you mean by that?

16 MS GILLESPIE: I think there's a growing awareness of the
17 negative impacts on children and the way in which that
18 shapes the adults that children become. But we are yet
19 really to - it's more a conversation about it than
20 anything we are doing to address that at the moment. I'm
21 conscious that there are programs currently where there
22 are children's workers in refuges in some instances and
23 there are some other programs also in the housing system.
24 But I don't believe there's any designed statewide
25 equitable and accessible program for children that really
26 centres them and their experiences within either the
27 family violence system or in broader systems. So in that
28 sense our focus is still very much on adults and that
29 leaves the children very invisible in the conversation.

30 MS ELLYARD: Can I turn then to what you have identified as
31 ways in which the Victorian family violence sector could

1 be improved, and paragraphs 39 and following of your
2 statement is where you deal with these issues. One of the
3 things that you talk about is the creation of what you
4 have called a "hub" as being a location from which
5 services could be provided. Could you describe for the
6 Commission your vision for how family violence services
7 could best be delivered in Victoria?

8 MS GILLESPIE: So, I think the vision comes with a sense of
9 needing to create something new and having an opportunity
10 to design something that can incorporate all the learnings
11 from the Victorian sector and overseas as well, and really
12 centres on designing a service model where women can make
13 one contact, they can come into a service that will
14 provide the full range of services they might need at any
15 time that they need it, and that also has outreach
16 capability to work with women, not only when they have
17 left the relationship and living in the community, but
18 when they are still in the relationship at that very early
19 intervention point. Their model would also have that
20 parallel suite of services for children and would have a
21 community development aspect to it.

22 One of the significant differences would be that
23 the hub would have the safe accommodation on site that
24 Safe Steps is currently accessing all over the state, for
25 example, so currently we have the motel rooms that we are
26 using. There is no reason why they couldn't be in one
27 location alongside the range of services that a woman
28 would need beyond her need for accommodation.

29 MS ELLYARD: One of the things you have identified in this
30 section of your witness statement is about an intensive
31 wraparound early intervention model to be provided to all

1 those who need support within a particular timeframe. You
2 have suggested that this should be something that happens
3 very fast. What is the need for a speedy response? Why
4 is that an important part of the solution?

5 MS GILLESPIE: Mainly because that's when women are most
6 motivated to make the change. We know that following the
7 incidence of violence that first 72 hours is a critical
8 time because both the victim of violence but also the
9 perpetrator of violence is most motivated to accept any
10 interventions at that point; but also because we know that
11 that's the greatest risk time for her. So leaving it
12 longer than that is in some way negligent because we know
13 that the more we leave it the longer the risk is to her
14 and the more likely further harm will occur.

15 MS ELLYARD: You go on in your statement to note the fact that
16 at the moment the Victorian system doesn't allow that
17 intensive early support and instead our present system
18 waits until there is a crisis and doesn't intervene until
19 the crisis point.

20 You then say in paragraph 44, "If Victoria were
21 to redistribute some of its resources towards the front
22 end, towards women who can choose to stay in their homes
23 or stay in the relationship, or if women were allowed to
24 dip in and out of a service, so they might come in to safe
25 accommodation for a night to reorient or review their
26 safety plans, we would have less women that reach that
27 higher risk crisis status and who require urgent
28 intervention."

29 Does your model envisage that women might come
30 and go, as it were, from this geographic location putting
31 their toe in the water as to whether or not they are ready

1 to make any big changes and then coming back when they are
2 ready to make them?

3 MS GILLESPIE: Yes, it does, but I will explain that
4 differently. It is less about women putting their toe in
5 the water to see whether they are ready to make change and
6 more about acknowledging that the dynamics of family
7 violence mean that women access or require different
8 services at different times depending on the violence that
9 they are experiencing and the point of intervention that
10 they are willing to accept at that time. So, yes, it's
11 really linked to the way in which violence works rather
12 than a choice she might be making, for example.

13 MS ELLYARD: But it's about providing a location where she can
14 go wherever point in the violence cycle her relationship
15 is in and seek whatever form of support she needs at that
16 point in the cycle?

17 MS GILLESPIE: That's correct, yes.

18 MS ELLYARD: And not through being referred to another agency
19 where there might be a waiting list but from the service
20 that exists that she has physically attended?

21 MS GILLESPIE: Yes, and that she actively stays a client with
22 that service so her case stays open for a two year minimum
23 period so that she doesn't have to re-engage with the
24 service and start again; she can just ring back and say,
25 "Things have changed. There's been another episode." It
26 could be six months later. "I need to come and see
27 someone and talk through my options."

28 MS ELLYARD: But it seems that another benefit of that model
29 would be at no point would a woman be placed under
30 particular pressure to make any particular decision,
31 "Decide now what you are wanting to do, because that will

1 determine what I can offer you."

2 MS GILLESPIE: Yes, that's correct.

3 MS ELLYARD: Can I invite the Commissioners to ask any

4 questions they have of this witness.

5 DEPUTY COMMISSIONER NICHOLSON: Thanks, counsel. I had a

6 couple of questions of Ms Gillespie. I'm sure, like me,

7 everyone in the room this morning was concerned to hear

8 that on any one night there's a 35 per cent vacancy rate

9 in refuges. Am I right in concluding that the problem

10 that you articulated in matching women and children and

11 the profile of the family group to vacancy would largely

12 be overcome if refuges weren't communal in nature?

13 MS GILLESPIE: I'm pondering on that.

14 COMMISSIONER NEAVE: If you went towards a more cluster housing

15 model, for example.

16 MS GILLESPIE: I think potentially that would provide greater

17 options for women.

18 DEPUTY COMMISSIONER NICHOLSON: The thrust of what I understood

19 you to be saying was that there might be a large room and

20 it's not well matched to a single woman and a single child

21 or it might be a small room not matched to a large family

22 . I'm assuming that if it wasn't communal in nature it

23 would be much easier to match a family to the

24 accommodation.

25 MS GILLESPIE: I think the range of options would be broader,

26 but I think the matching issues would potentially remain.

27 If we were thinking of matching a family to a house then

28 it would be a two bedroom house or a three bedroom house

29 and the family may not match that exact house. It's more

30 about developing a different model of service so that it's

31 not centred on finding her accommodation but actually

1 ensuring that her safety is at the centre which might mean
2 that with the right support she can stay in her own home.

3 DEPUTY COMMISSIONER NICHOLSON: Yes, I understand that. But
4 that doesn't address the issue of a 35 per cent vacancy
5 rate in refuges.

6 MS ELLYARD: Commissioner, if I may, one of the things that
7 this witness won't be aware of but is contained in
8 Ms Springall's statement from the perspective of someone
9 who is involved in running a refuge is that part of the
10 difficulty when it is a communal model is that you have to
11 engage in a degree of personality management and making
12 sure there will be appropriate balances of people with
13 different needs in a communal setting which isn't required
14 if people are living in independent units, and that
15 sometimes her service might turn away someone with mental
16 health issues because, frankly, they already have someone
17 with mental health issues and they can only take one at a
18 time. If we moved to a model where there was separate
19 accommodation rather than communal accommodation would
20 some of those difficulties disappear?

21 MS GILLESPIE: They would certainly be reduced. I'm not sure
22 they would disappear. I strongly advocate for support on
23 site for families. So just providing houses would be the
24 same as providing motels, essentially, with better
25 facilities. It has to be a model that has support on
26 site.

27 DEPUTY COMMISSIONER NICHOLSON: You have spoken this morning
28 almost completely about women and children. But the remit
29 of this Commission is broader. We have heard in our
30 consultations about violence against the elderly, violence
31 from one sibling against another, violence from a child

1 against a parent. What does your solution that you are
2 putting forward do to address these issues?

3 MS GILLESPIE: The solution includes satellite hubs. So there
4 could easily be hubs that are specific to, for example,
5 perpetrators of violence where the appropriate support
6 services were located on site for that cohort.

7 DEPUTY COMMISSIONER NICHOLSON: In your experience in New
8 Zealand how were these other forms of family violence
9 catered to?

10 MS GILLESPIE: There were accommodation support services for
11 men, and particularly for men of Indigenous populations.
12 I understand that they were very successful because not
13 only did they provide accommodation but they also had an
14 education program that went alongside them.

15 MS ELLYARD: I think the question was also about the extent to
16 which there are services available for victims who aren't
17 women, whether victims of elder abuse or violence within
18 families, child to parent.

19 MS GILLESPIE: I guess for me it would be learning more about
20 the numbers and needs of those cohorts, and then there's
21 no reason why the same model couldn't be applied to
22 particular cohorts.

23 DEPUTY COMMISSIONER FAULKNER: Could I ask a question in
24 relation to the New Zealand model that you have put
25 forward. It sounds almost too good to be true in terms of
26 the ability to get access to services so quickly. So are
27 there features that we need to understand? I think you
28 have talked about the staff development and the basic
29 training of the workers. Is there a discernible
30 difference between the skill base of the services in
31 Victoria and New Zealand, even professional

1 qualifications? I'm trying to get to the differences that
2 might explain why things look different. Is there a
3 difference in the breadth of the definition of "family
4 violence"? I think you have purported that there's a
5 difference in the legal response.

6 Can you help us understand why the systems are
7 different? In essence, is it the skill base of the staff?
8 Is it the centralisation? I think you have suggested that
9 we should have in Victoria half a dozen of these
10 facilities instead of the 27 that exist at present. Does
11 this mean that New Zealand has a much more plentiful
12 supply of counselling services that are specialised
13 because the violence workers are the ones that learn to do
14 those things? Can you help us understand why it looks so
15 good in comparison?

16 MS GILLESPIE: Again, I stress that the support services in New
17 Zealand have not reduced the number of deaths or the
18 incidence of violence against women any more than we have
19 here in Australia. So we need to be clear that that's a
20 separate issue and that what I'm describing is the support
21 that women and children have received who have been
22 affected by family violence.

23 Some of the things that make it very different
24 are the very strong gendered focus. So the refuge system
25 has a much louder voice in New Zealand and is really the
26 central responder to women who experience family violence.
27 So there isn't that disparity or range of services that
28 might be responding or provide programs. They are,
29 generally speaking, delivered by women's refuges which
30 means that there's a very strong gender analysis in the
31 support that's offered. That doesn't mean that the

1 refuges here don't have a very strong gender analysis;
2 they do. But there's a range of generalist services here
3 in Victoria that are also responding to family violence
4 without that very strong gendered lens.

5 Then the justice system in New Zealand introduced
6 a Domestic Violence Act in 1995. So in that Act it
7 clearly spoke of the effect on children and that the
8 perpetrators of violence were responsible for the impact
9 on children. Programs to educate perpetrators of violence
10 were mandated. Women and children victims could access
11 support and education programs if they were named on an
12 intervention order. The police system was stronger
13 earlier. So the introduction of the family safety teams
14 in 2005 meant that there was an integration that occurred
15 between the women's refuges and the police in the way that
16 it's occurring here in Victoria now but was occurring in
17 2005.

18 So I think that the driver is the gendered lens,
19 the single access to family violence services with one
20 agency that provided the full range of services which
21 meant anyone providing services had to be skilled in a
22 number of areas from risk assessment right through to
23 mental health, drug and alcohol.

24 DEPUTY COMMISSIONER FAULKNER: I will just push on that last
25 point. Does that mean we don't push for the same skill
26 base in Victoria? I did ask you is there any difference
27 in the professional qualifications of the two sectors.

28 MS GILLESPIE: Not formally, no. I don't think there's any
29 formal difference in the qualifications that family
30 violence workers might present with in either Victoria or
31 New Zealand. I know myself as someone who came through

1 the refuge movement that I had to upskill across every
2 area. When I look at my team that I have at Safe Steps
3 they have to be very skilled in the telephone response and
4 risk assessment, but don't get the same opportunities to
5 upskill in those other areas.

6 DEPUTY COMMISSIONER FAULKNER: My last question, I promise.

7 The funder in the structure of the New Zealand Government,
8 who has policy responsibility and funding responsibility?

9 MS GILLESPIE: In New Zealand there's a Ministry of Social
10 Development, and family violence responses are located
11 within that ministry.

12 DEPUTY COMMISSIONER FAULKNER: That's the equivalent of a
13 Federal Government department that has income security as
14 well?

15 MS GILLESPIE: Yes. There's only the one layer of government
16 in New Zealand.

17 DEPUTY COMMISSIONER FAULKNER: Thank you.

18 COMMISSIONER NEAVE: I have no further questions.

19 MS ELLYARD: In that case I will ask that the witness be
20 excused and invite the Commission to adjourn until
21 2 o'clock.

22 COMMISSIONER NEAVE: Thank you very much, Ms Gillespie.

23 <(THE WITNESS WITHDREW)

24 LUNCHEON ADJOURNMENT

1 UPON RESUMING AT 2.00 PM:

2 MS ELLYARD: Thank you, Commissioners. The next witnesses are
3 Lucinda Adams and Antoinette Russo. I ask that they be
4 sworn, please.

5 <LUCINDA ADAMS, sworn and examined:

6 <ANTOINETTE RUSSO, affirmed and examined:

7 MS ELLYARD: Ms Adams, can I begin with you. Can you tell the
8 Commission, please, your present role and what that role
9 entails?

10 MS ADAMS: I am the Manager and Principal Lawyer at Justice
11 Connect Homeless Law. We are a specialist legal service
12 for clients who are homeless or at risk of homelessness.

13 MS ELLYARD: Ms Russo, what role do you perform and what are
14 your duties?

15 MS RUSSO: I operate as a social worker in an integrated model
16 in the Women's Homelessness Prevention Project, which is
17 part of Homeless Law through Justice Connect.

18 MS ELLYARD: The two of you have made a joint witness statement
19 which is dated 15 July 2015. Are the contents of that
20 statement true and correct?

21 MS RUSSO: Yes.

22 MS ELLYARD: You have attached to that a copy of the submission
23 that Justice Connect Homeless Law has made to the Royal
24 Commission.

25 MS RUSSO: Yes.

26 MS ELLYARD: Can I ask you firstly, Ms Adams, to describe in a
27 bit more detail what it is that Justice Connect Homeless
28 Law does and from where you derive your sources of funding
29 and support?

30 MS ADAMS: We are a specialist legal service for people who are
31 homeless or at risk of homelessness. There are a few key

1 components of what we do. We are an outreach based model
2 so we run seven outreach clinics every week. We focus on
3 civil legal issues and the two most common issues that our
4 clients present with are tenancy and eviction proceedings
5 and fines and infringements related to homelessness.

6 We use a pro bono model, so we have the support
7 of eight member law firms who enable us to provide ongoing
8 legal case work to about 400 clients every year, and the
9 other key component which you will hear more about today
10 is that we are an integrated model. So, in addition to
11 me, we have three lawyers and two social workers as part
12 of our immediate Homeless Law team.

13 MS ELLYARD: So, you have described you and the social workers
14 and the lawyers who are on staff at Homeless Law, but as
15 I understand it, in terms of who delivers legal services
16 to clients, those are employees of large law firms
17 operating as part of a pro bono scheme; is that correct?

18 MS ADAMS: That's exactly right. There are approximately 400
19 pro bono lawyers at the eight member law firms in
20 Melbourne and Geelong.

21 MS ELLYARD: You identified that the two key areas where you
22 work is in tenancy matters and then in infringements
23 related to homelessness. What are the issues in relation
24 to tenancy that arise and can I invite you to comment in
25 particular on the extent to which they arise in cases
26 where family violence is part of the client's
27 presentation?

28 MS ADAMS: Yes. In April last year we commenced a project
29 called the Women's Homelessness Prevention Project and
30 that is focused on women who are at risk of homelessness
31 and have tenancy issues. The most common legal issue that

1 those clients have presented with is eviction for rental
2 arrears. So, to give you a sense, we assisted 62 clients
3 in a 12-month period. They had 102 children in their care
4 and 68 per cent of those clients were facing eviction for
5 rental arrears, so 42 people.

6 MS ELLYARD: What can you say about the extent to which family
7 violence formed a component of the issues facing those 62
8 women?

9 MS ADAMS: That service was set up as a specialist tenancy
10 service with the integrated component. It isn't a
11 specialist family violence service, but in the 12 months
12 that it is in operation 95 per cent of those clients had
13 experienced family violence.

14 MS ELLYARD: Can I ask you a little bit more about the outreach
15 model that you engage in, both generally and in respect to
16 the specific project that you are going to discuss. You
17 say in paragraph 12 of your statement that in the outreach
18 model you go to locations where clients are already
19 attending and engaged. In practical terms, what does that
20 mean? Where do your lawyers or the pro bono lawyers go to
21 engage with and consult with clients?

22 MS ADAMS: That outreach based model is set up in recognition
23 that legal services are notoriously difficult to access.
24 So the idea is that we locate at services that are more
25 accessible to our clients. The kinds of services we are
26 located at include Homeground, Melbourne City Mission,
27 VACRO, the Salvation Army in Geelong and Central City
28 Community Health Service in the CBD.

29 The women's project in particular was designed in
30 light of some knowledge we had accrued throughout our
31 years of operating a specialist homeless service, which

1 was that for women caring for children who may be entering
2 the homeless services system for the first time, our
3 traditional outreach locations weren't necessarily as
4 accessible as we would hope. They could be daunting for
5 clients to get to and they didn't necessarily feel safe or
6 comfortable attending. So, that particular project, the
7 clinic for that is located at a library in the city where
8 women can bring their children.

9 MS ELLYARD: At paragraph 15 and following in your statement
10 you talk about the Women's Homelessness Prevention
11 Project. Can I invite you, Ms Russo, to describe in
12 summary form, I suppose, what's the intention behind the
13 holistic approach that involves not only lawyers but also
14 social workers such as yourself?

15 MS RUSSO: Sure. I think one thing we know is that when people
16 are presenting with a legal issue there is invariably a
17 whole range of other things going on in their lives. So
18 the lawyers are obviously fantastic at dealing with
19 the legal issues, but very often I think have felt at a
20 loss to understand what to do about these other things
21 which invariably will have contributed probably to their
22 current legal situation.

23 So the idea is to have - well, myself in this
24 case, I've had many years experience in the homeless
25 service system, to come along and address those non-legal
26 needs and make those links that people need so that
27 hopefully the legal solution will stick.

28 MS ELLYARD: So the criteria for eligibility for the Women's
29 Homelessness Prevention Project I take it are as simple as
30 a woman who is at risk of homelessness and has a tenancy
31 issue; is that correct?

1 MS ADAMS: That's correct.

2 MS ELLYARD: Is there a large pool of potential clients? How
3 do people get referred to you and to what extent do you
4 need to engage in some kind of referral process or
5 filtering to identify who you are going to work with?

6 MS ADAMS: We have done a lot of work building new
7 relationships with services that are on the front lines
8 and who might be seeing women at the first point of
9 contact. So that includes VCAT, it includes Safe Steps
10 and other health or family violence specialist services.
11 We get a lot of our referrals through those services or
12 clients are able to self-refer as well through our enquiry
13 line.

14 We have been able to keep up with demand but,
15 that said, we haven't been turning people away, but we are
16 localised in Melbourne and I think the unmet need
17 throughout the state is far greater than our one service
18 is able to meet.

19 MS ELLYARD: So does that mean in practical terms, if more
20 people knew about you, you would find an increase in
21 demand that perhaps you wouldn't be able to meet,
22 certainly arising outside the inner Melbourne area?

23 MS ADAMS: Yes.

24 MS ELLYARD: Can I ask you then to describe the client mix and
25 in paragraph 23 of your statement you give some key
26 features of the client group that the service has seen.
27 Could you outline what those are, please?

28 MS ADAMS: So, as I touched on earlier, 95 per cent of the
29 clients we have assisted have experienced family violence;
30 90 per cent of the clients we are assisting are
31 experiencing a mental illness, the most common being

1 anxiety and depression; 84 per cent of the clients we are
2 assisting are reliant on Centrelink as their primary
3 source of income; about 50 per cent of our clients are in
4 private rental, about 30 per cent are in public housing
5 and the remainder are a mix of community and transitional
6 housing.

7 In addition, about 45 per cent of our clients are
8 experiencing substance dependence, about 19 per cent have
9 a disability and over 60 per cent are experiencing
10 multiple legal issues. So, in addition to the tenancy
11 legal issue that they present with, they have a range of
12 other family law, fines and infringements or debt related
13 issues that they are also simultaneously dealing with.

14 MS ELLYARD: You mentioned that 95 per cent of women whom this
15 project has seen have had an experience of family
16 violence. How current is that experience of family
17 violence? Are they still in the midst of a relationship?
18 Have they ended the relationship, but are suffering its
19 after effects?

20 MS ADAMS: It really varies. About 50 per cent have
21 experienced it in the last two years, and that figure of
22 95 per cent refers to clients who have experienced family
23 violence in the longer term. We do see that family
24 violence can place women at risk of homelessness in a
25 number of ways, so in the immediate situation where they
26 are fleeing a violent relationship and there isn't
27 alternative accommodation available to them.

28 We also see where they are able to remain in the
29 property but they remain there in a financially precarious
30 position because of reduced income, or then this third
31 category where there are longer term impacts of family

1 violence, and some of the circumstances or the hardships
2 that I touched on earlier in terms of struggling with your
3 mental health, you have a low income, you have caring
4 obligations for your children, all of those things can
5 compound to present a risk of eviction into homelessness.

6 MS ELLYARD: Ms Russo, from your experience and from your
7 perspective, how has family violence perhaps in the past
8 of a client led to them presenting as at risk of
9 homelessness? In what ways does family violence lead to
10 precarious housing situations?

11 MS RUSSO: Yes, we certainly do see that. There are many
12 women, I think, who have experienced family violence
13 possibly in their childhood. We often see if they have
14 experienced it in their childhood, they may have
15 experienced it later on in their years in their
16 relationships. So, when a woman has agreed that she has
17 experienced family violence, we ask when was it, when did
18 it start, how far back did that go. It will often be
19 multiple times. It may have occurred recently or it may
20 have occurred some time ago. But what we see that
21 continues to be present in the life of that woman is that
22 her self-esteem is probably very eroded, she will be
23 struggling with her mental health, and very often there's
24 a range of other issues.

25 Sometimes people have been self-medicating with
26 alcohol or other drugs for a period of time or other sort
27 of coping mechanisms. Very often they have chronic health
28 problems because over a long period of time of ignoring
29 their mental health they have failed to look after
30 themselves. So even small things like massive dental work
31 can prevent you from getting a job or even feel like

1 meeting people because you have not seen a dentist for
2 10 years.

3 MS ELLYARD: Where the underlying factor back in the woman's
4 past might be the experience of family violence?

5 MS RUSSO: Yes, they would say that things were going okay
6 until they were in that relationship and that terrible
7 event happened.

8 MS ELLYARD: So the kinds of tenancy issues that women present
9 with, you have mentioned that a substantial percentage
10 present with issues of rental arrears and being at risk of
11 evictions. What are the other kind of legal issues that
12 arise that lead to women being referred to you?

13 MS ADAMS: There are a range of other reasons that women can
14 find themselves in eviction. Certainly eviction from
15 rental arrears is the most common, but there are others
16 related to breach of obligations as a tenant, end of fixed
17 term tenancy, no reason notices to vacate, which remains a
18 feature of the Victorian system.

19 Other issues we see our clients presenting with
20 that aren't immediately an eviction issue but are a legal
21 issue that either creates a risk of homelessness or
22 presents a barrier to women accessing safe and affordable
23 housing, and those include compensation claims. We touch
24 on in the submission a number of compensation claims where
25 the damage or the unpaid rent is directly attributable to
26 family violence and to the perpetrator of violence and the
27 victim has found herself lumped with a significant debt
28 either after she fled the property or while she was still
29 at the property, but the property was damaged in the
30 course of the violent relationship. So we have assisted
31 with a number of those matters.

1 We also see a small number of creation
2 applications. So under the Family Violence Protection
3 Act, those specific provisions were introduced into the
4 Residential Tenancies Act with a view to giving
5 legislative recognition to this idea that women and
6 children should be able to stay in the property. We might
7 touch on it a little bit later on, but those provisions
8 haven't been taken up at the same rate that you might
9 expect, so we have only seen a couple of those matters.

10 Then the other category, the final category, is
11 women who have experienced violence and need to exit a
12 fixed term lease as a result.

13 MS ELLYARD: Can we talk a little bit in more detail about some
14 of those? You mentioned issues of compensation payments.
15 Is that in relation to women who are tenants in public
16 housing?

17 MS ADAMS: That spans across both. So, we do see women in
18 private rental, but also in public housing. Public
19 housing, they do have a policy or they have previously had
20 a policy that says where that damage is attributable to
21 family violence that they won't pursue the tenant for that
22 debt. Those policies are in a state of flux at the moment
23 and our understanding of the policy as it currently exists
24 is that it now refers to compensation or the tenant not
25 being pursued for that debt where the damage is
26 attributable to a criminal act, including for example
27 family violence.

28 In our view, that adds a level of confusion or it
29 removes a level of clarity, that previously it was a
30 simple statement that if it could be identified that it
31 was attributable to family violence as indicated by a

1 support worker or a family violence worker, then it was
2 open and the tenant should be encouraged to identify that
3 to the Office of Housing with a view to avoiding that
4 debt.

5 MS ELLYARD: In practical terms, though, have you assisted
6 women who are being pursued for debts which on a proper
7 analysis are debts attributable to violent former
8 partners?

9 MS ADAMS: Yes, we absolutely have. Probably one of the more
10 extreme examples was a woman who had been in a public
11 housing property and had been moved from that property due
12 to safety. The violent partner had been imprisoned as a
13 result of the criminal acts related to the violence. The
14 property had been damaged in the course of that violent
15 relationship. In her property where she was with her two
16 young children, her partner was soon to be eligible for
17 parole and so she applied for an urgent transfer after
18 having found out that he was aware of her new address.
19 That application for transfer was refused on the basis
20 that there was a \$1,600 debt owing and that debt was
21 directly linked to the damage caused by the violence.

22 That was able to be dealt with and addressed,
23 that legal issue, but not as quickly as you would hope
24 given that there was a risk to her safety. The process
25 that had to be followed was that we went back to VCAT to
26 apply for that order to be re-opened, the compensation
27 order, and then commenced the negotiations with the Office
28 of Housing with reference to the policies in relation to
29 liability linked to family violence.

30 MS ELLYARD: What can you say about the extent to which that
31 woman would have been able to traverse that process on her

1 own without the assistance of you and your lawyers?

2 MS ADAMS: I think it would have been extremely difficult.

3 Some fairly robust negotiation and advocacy was required.

4 MS ELLYARD: Turning to some of the other issues that arise,
5 you have mentioned and I will perhaps invite you to speak
6 in a little more detail now about certain provisions that
7 now exist in the Residential Tenancies Act that enable
8 VCAT to take action in respect of tenancies where family
9 violence is an issue. Can you summarise, please, for the
10 Commission what are the powers that VCAT now have?

11 MS ADAMS: Those provisions were inserted with this idea of
12 victims of violence being able to stay in a property that
13 they had been living in when a perpetrator was excluded
14 from the property by virtue of a final family violence or
15 personal safety intervention order. A key requirement is
16 that there's a final family violence intervention order
17 that excludes the perpetrator from the property. If that
18 is the case, VCAT is able to end that tenancy and to
19 create a new tenancy in the name of the person who either
20 was previously a co-tenant or a resident of the property.

21 What we do know is that in the last financial
22 year only 22 of those applications were made and only 13
23 were finalised. So, in the scheme of the number of family
24 violence intervention orders that were finalised in that
25 comparable period, which I think is approximately 35,000,
26 it is a very under-utilised mechanism.

27 MS ELLYARD: The Commission has received a submission direct
28 from VCAT that identifies this as well, that there has
29 been hardly anybody applying, although it stands ready to
30 exercise these powers. What is your assessment of why it
31 is that that's been a power that's used so seldom?

1 MS ADAMS: We think that there are a number of different
2 reasons. One is there's probably still a lack of
3 awareness across the different jurisdictions and within
4 those frontline services about tenancy and the options
5 available in relation to your housing and tenancy in the
6 event that you are experiencing a crisis of family
7 violence. So education is certainly a recommendation of
8 ours in terms of those provisions.

9 The other major problem we think is that there is
10 a requirement that it be a final intervention order and
11 there can be significant delays with getting the order
12 finalised. So there will be the interim order and by the
13 time the order is finalised it might be the case that the
14 tenancy has been terminated for other reasons, for example
15 because the victim has fallen behind in rent.

16 MS ELLYARD: So the cohort of women who have been referred to
17 this project were women who were at high risk of eviction,
18 is that correct?

19 MS ADAMS: That's correct.

20 MS ELLYARD: And in fact in a number of cases final notices had
21 been issued so that they were really at the point where
22 they were meant to be moving out almost immediately.

23 MS ADAMS: Yes. A number had already been through VCAT, there
24 was a possession order, and seven of those women the
25 warrant had been purchased which meant the locks were
26 going to be changed imminently.

27 MS ELLYARD: What was the success rate of the project in
28 preventing evictions and preserving those tenancies?

29 MS ADAMS: So, 81 per cent of the clients who have been through
30 our program have either been able to sustain safe and
31 stable housing or have been able to resolve a debt or one

1 of those housing related legal issues that were a barrier
2 to them accessing housing. So, a high rate of success.

3 MS ELLYARD: To what do you attribute the high rate of success?

4 MS ADAMS: We attribute it I think to the integrated model,
5 certainly. At that initial appointment, the lawyers and
6 Antoinette will both meet with the client and the
7 lawyers don't just provide advice, they provide ongoing
8 legal representation which entails negotiation with
9 landlords, use of brokerage, which I might touch on a bit
10 later, and, if needed, representation at VCAT, and in
11 parallel to that Antoinette works alongside the clients
12 with a range of non-legal issues and links them in with
13 the supports that they need.

14 So, I think the integrated model is proving to be
15 as successful as we hoped it would be in preventing the
16 eviction of vulnerable women into homelessness.

17 MS ELLYARD: Ms Russo, from your perspective what are the key
18 issues that you need to work on, the non-legal issues that
19 you have worked on with clients as part of this holistic
20 approach?

21 MS RUSSO: That varies greatly from client to client. I would
22 say that most of the clients that we have seen probably
23 need a bit of support in understanding what they are
24 feeling. Sometimes it's about naming this as depression
25 or anxiety, referral to talk to their GP perhaps. A lot
26 of people don't know that there's a thing called a mental
27 health care plan. They presume that they can't afford to
28 deal with these issues at the moment, so I would often
29 explain to them, "Your GP can get that in place for you."

30 A lot of it is about managing anxiety and
31 managing that sort of chaotic feeling and I suppose

1 engendering hope, that there is a lot going on but we will
2 just work through this slowly. So it really depends on
3 what they need. Material aid is often a really urgent
4 issue for people. If they are prioritising all of their
5 money towards rent, they may not be able to afford school
6 shoes or even food and things like that will be difficult,
7 so I will be putting people in touch with agencies for
8 material aid.

9 MS ELLYARD: What about specialist family violence services?

10 You are obviously working as a social worker in an
11 integrated model where 95 per cent of the clients have
12 some history of family violence. What's the extent to
13 which you are able to respond to those family violence
14 issues as part of the model that you offer?

15 MS RUSSO: Very many of the women who come to see us certainly
16 know about specialist family violence services. There's
17 been a small number who are actually in refuge. There's
18 been many who have been referred to us by specialist
19 family violence services as part of their referral process
20 out. There are certainly some who have not been able to
21 access family violence services for various reasons.

22 So, if I'm speaking with someone and they
23 identify to me that they are at significant risk, and
24 certainly talking about their risk and safety is something
25 that is a huge part of what I do, and if there is indeed a
26 safety assessment or if there is risk, then we put them in
27 touch with - we tell them to call the police or to contact
28 Safe Steps. So, we will do that, but very often they're
29 coming the other way. They have been there and they are
30 coming to us.

31 MS ELLYARD: And they are coming the other way because those

1 specialist services have identified legal needs that the
2 client needs to have met.

3 MS RUSSO: Yes.

4 MS ELLYARD: What then from your assessment, given that you are
5 providing a range of forms of emotional and non-legal
6 support, other than those cases where the woman is in
7 immediate need and may need some sort of crisis response
8 through Safe Steps, for example, what can you say about
9 whether this model can meet the needs of victims of family
10 violence rather than them needing to simultaneously be
11 with a service like this and with a family violence
12 service?

13 I'm conscious it's a loaded question, but given
14 resourcing issues and so forth, I invite you to comment on
15 your perception of the extent to which you can cover at
16 least for some part of the cohort and the extent to which
17 you can't and they need a referral elsewhere.

18 MS RUSSO: That is a really complex question. I really
19 struggle to know how to answer that because women's needs
20 are on a continuum. So there are some women who
21 absolutely - they will need access to everything and
22 everyone that's available and there are some who need
23 less. So I think the service that I'm able to offer works
24 very well with the women who are not in immediate risk to
25 their safety and have that range of issues that can be met
26 by me, that are within my sphere of expertise, but there
27 are spheres of expertise that I don't have and
28 I absolutely believe that people need to be able to access
29 them.

30 So it's an incredibly hard thing to answer,
31 I think because there's that continuum and every situation

1 is different.

2 MS ELLYARD: You identified amongst the non-legal needs that
3 clients might have emotional needs, need for material aid,
4 need for referral for medical treatment, someone to speak
5 to them and encourage them and inform them. All of those
6 things are things, of course, that are not unique to
7 people who have experienced family violence. So would it
8 be correct to understand that a lot of that kind of work
9 can be done by someone like yourself who knows about
10 family violence, but who is operating in a more mainstream
11 environment, but there might be cases where the family
12 violence is more imminent or more serious or has had more
13 specific impacts and those women will always require a
14 specialist service on top of yours?

15 MS RUSSO: I would agree with that.

16 MS ELLYARD: So then can we talk about what your service costs
17 to run given the 80 per cent success rate? You have dealt
18 with this in paragraph 30 of your statement, Ms Adams.
19 Can I invite you to summarise for the Commission what it
20 costs to do what you do and how you might see it having
21 broader implications?

22 MS ADAMS: The program costs \$220,000 a year to run and that
23 includes the employment of a full-time lawyer; Antoinette,
24 whose role is part-time; and the organisational apparatus
25 that goes around running a program, including your IT and
26 administration support. As we spoke about, that in one
27 year is able to meet the needs of approximately 62
28 clients.

29 So, to roll it out further, and not necessarily
30 assuming Homeless Law would do that role, but to scale up
31 a model like this that allows the employment of a

1 specialist tenancy lawyer and a social work expert, you
2 could provide the service to 500 women per year, which
3 could include in regional areas, for example, for
4 1.8 million.

5 MS ELLYARD: Have you done any assessment of what that input of
6 money might save later on down the system and the extent
7 to which there would be savings later if the money was
8 injected at this prevention stage?

9 MS ADAMS: We certainly have looked into that. There is an
10 AHURI study that I'm sure many people are familiar with
11 that looks at the cost of engagement with other services
12 once someone enters homelessness, and it found it's a cost
13 of approximately \$29,000 per person per year in increased
14 engagement with health, welfare and justice services. So,
15 to use I guess that example, it would be, of the women who
16 we have prevented the eviction of conclusively over the
17 12-month period, there were 35 of them, so it would be 35
18 times approximately \$30,000 would be the cost saving.

19 MS ELLYARD: You mentioned earlier that part of what you have
20 to work with is brokerage money, and you deal with this at
21 paragraphs 73 and 74 of your statement. Can I invite
22 either of you to talk about where that brokerage money
23 comes from, what it's used for and why it's important?

24 MS ADAMS: We have a couple of different sources, but the
25 largest portion of our brokerage money comes via
26 HomeGround and REA Group, and Heather Holst spoke about it
27 earlier. It is for women who have experienced family
28 violence in the private rental market and it is aimed to
29 either sustain tenancies or rapidly rehouse women so they
30 don't have a lengthy intervening period of crisis or
31 homelessness.

1 MS ELLYARD: When we say "sustain tenancies", does that mean,
2 for example, meet the rental arrears to bring the woman up
3 to date?

4 MS ADAMS: Exactly, and that is a very common way in which we
5 use it. I guess, as we have touched on, with 84 per cent
6 of our clients reliant on Centrelink and a range of other
7 complications in their lives, they are living very close
8 to the line in terms of money and unexpected expenses can
9 really tip them over the edge.

10 One example that really hit home for us was a
11 woman caring for her children who had experienced family
12 violence. She was hospitalised and her children had to
13 stay in day care overnight, five children. That came with
14 a cost of I think approximately \$600 which she then paid
15 instead of paying her rent and then entered into arrears
16 and was facing imminent eviction into homelessness.

17 In that case really what it took to salvage the
18 tenancy was an urgent application for a review hearing,
19 because the VCAT and eviction process was well on its way
20 and the locks were about to be changed, an urgent
21 application to VCAT and some negotiation with the landlord
22 that pointed out, "We have a pool of money that we can
23 contribute toward the arrears. Maybe an additional
24 monthly payment for a couple of months until the client
25 could find her feet again." Then that tenancy was
26 actually salvageable and that client and the five children
27 in her care avoided entering into the homelessness system.

28 That's one example of how we would use the
29 brokerage. The figures around it are that of our clients
30 facing eviction for arrears, the average amount is
31 approximately \$2,100. That's the amount owing and the

1 average amount of brokerage used is approximately \$500.

2 So it may be that it's an injection to address the
3 arrears; it may be that we help out with related expenses,
4 for example expenses related to children so that the money
5 that's there can be directed toward the rent.

6 But they are the kind of things that we can do
7 with the brokerage and it has an enormous impact. It
8 really can be the difference between being able to sustain
9 a tenancy or quickly set a woman up in alternative housing
10 and not.

11 MS ELLYARD: In those cases it's a one-off injection of money;
12 it's not supporting the woman over an ongoing period of
13 time?

14 MS ADAMS: That brokerage is fairly flexible if the woman is in
15 private rental and has experienced family violence. So
16 the gap there is obviously for women in public or
17 community housing and it can be much more difficult to get
18 brokerage to be used in a similar way for that client
19 group. We are able to use the brokerage, that particular
20 pool of brokerage, for a range of things and it may be
21 topping up a monthly income for a couple of months until
22 the tenancy stabilises.

23 MS ELLYARD: Ms Russo, if a woman is homeless or facing risk of
24 homelessness, how does that impact on her ability to focus
25 on and deal with other issues in her life that might have
26 formed part of the suite of problems that led to the
27 homelessness?

28 MS RUSSO: That's a really good question. In my experience,
29 when somebody is facing homelessness, for most people it
30 means they really can't think about anything else. So
31 they are probably not - many women are not able to even go

1 to the letter box and open their mail. They are not
2 answering phone calls. They are not eating properly.
3 They are not going out. There's a range of things they
4 are simply unable to attend to. Different people respond
5 to stress in different ways, but for some people they just
6 freeze or they just turn inwards. They really just feel
7 like getting into bed and staying there.

8 MS ELLYARD: So until the question of housing or housing
9 uncertainty is resolved, it's not possible in your
10 observation for many women to be able to turn to and deal
11 with some of those underlying issues that might have been
12 contributing to homelessness?

13 MS RUSSO: Yes, that's very often the case. It's not always
14 the case, but very often it is. When I'm doing an
15 assessment with a woman and we know that she has an issue
16 around her housing and her mental health and she has
17 financial difficulties and debts and maybe some
18 relationship problems and probably needs to do some
19 counselling, she probably won't want to do the counselling
20 right now. She'll be thinking, "I've got to get on with
21 getting my finances sorted out. I've got to get a roof
22 over my head. I've got a range of things I have to sort
23 out, legal matters to be resolved," and down the track
24 when those things have settled a bit she's likely then to
25 be able to think about her mental health, her physical
26 health and perhaps counselling or unpacking what that
27 experience has meant.

28 MS ELLYARD: How does your model work to support women past
29 that point where the immediate presenting homelessness
30 issue has been served? For what period of time can they
31 remain engaged with you and how do you gradually withdraw,

1 if indeed you do withdraw from their lives?

2 MS RUSSO: It's very flexible. There are certainly some women
3 who require much more intensive support from me than
4 others, and it may be that those women don't require very
5 much because they have other supports, they have family
6 and friends that are really effective at helping them, or
7 they may have a range of other workers.

8 So in some cases I'm working with people for
9 perhaps just a few weeks because they already have some
10 supports in place, some referrals have been made and
11 perhaps during that first few weeks those referrals get
12 picked up and I'm able to do a warm handover and let that
13 person get on with the relationship with their new workers
14 or supports.

15 In other cases I stay involved for quite a long
16 time. Very often I would like to get longer term support
17 in place, but there's fairly long waits for that.

18 MS ELLYARD: Do the Commissioners have any questions for these
19 witnesses?

20 COMMISSIONER NEAVE: I just had one very small question, and
21 that is how many pro bono lawyers did you say were
22 operating? Your submission says 40 and I took a note that
23 you said 400, but it may have been my mistake.

24 MS ADAMS: Just to clarify, both are correct. Approximately 40
25 for the Women's Homelessness Prevention Project and
26 approximately 400 across Homeless Law.

27 COMMISSIONER NEAVE: Thank you.

28 MS ELLYARD: If there are no other questions, I ask that the
29 witnesses be excused.

30 COMMISSIONER NEAVE: Thank you very much indeed.

31 <(THE WITNESSES WITHDREW)

1 MR MOSHINSKY: Commissioners, the next witness is Maria Hagias,
2 if she could please come to the witness stand.

3 <MARIA HAGIAS, sworn and examined:

4 MR MOSHINSKY: Ms Hagias, could you please say what your
5 current position is?

6 MS HAGIAS: Yes. I'm the Executive Director of Central
7 Domestic Violence Service in South Australia.

8 MR MOSHINSKY: Have you prepared a witness statement for the
9 Royal Commission?

10 MS HAGIAS: Yes.

11 MR MOSHINSKY: Are the contents of your statement true and
12 correct?

13 MS HAGIAS: Yes.

14 MR MOSHINSKY: Could you just briefly outline what your
15 professional background is?

16 MS HAGIAS: I have been working in the domestic violence sector
17 in South Australia for 20 years. I originally began as a
18 bilingual worker at the Migrant Women Support Service and
19 then moved on to a number of other services such as
20 Southern Domestic Violence Service and then to my current
21 role at the moment in 2003 at the Central Domestic
22 Violence Service.

23 I also sit on the Premier 's Council for Women
24 and also just recently on the Prime Minister's advisory
25 panel that reports to COAG on domestic violence.

26 MR MOSHINSKY: Thank you. Could you give us an overview of how
27 the domestic violence sector works in South Australia?
28 You have set this out in paragraphs 8 and 9 of your
29 statement. Could you please perhaps outline those matters
30 to the Commissioners?

31 MS HAGIAS: So, currently. In South Australia we underwent

1 significant reform, most recently - sorry, I just need to
2 remember the dates. I think it was 2009 we underwent
3 significant reform. That reform actually was initiated
4 due to an injection of funding that came under what we
5 know as the National Partnerships Against Homelessness
6 through the Commonwealth Government.

7 South Australia then, as opposed to using that
8 money in isolation - which was about \$15 million for South
9 Australia - to create separate programs, a decision was
10 made to actually review the whole homelessness and
11 domestic violence sector, so there was significant reform.
12 Also, the domestic violence specialist services
13 underwent - there was a \$3 million injection of funding at
14 that point.

15 I guess the key principles around that was to
16 create a coordinated system, streamline referral pathways
17 for homelessness in general, but particularly also for
18 domestic violence services. So in South Australia at the
19 moment what we do have is one statewide entry point into
20 the system which is known as the Domestic Violence Crisis
21 Service. We have one statewide called specialist service
22 which is the Migrant Women's Support Service and we have
23 14 regional domestic violence services across South
24 Australia, three Aboriginal specific domestic violence
25 services and a Stay Safe Stay Home program.

26 MR MOSHINSKY: How does that work in practical terms? When you
27 refer to one statewide entry point, how does that work on
28 the ground?

29 MS HAGIAS: On the ground, the Domestic Violence Crisis
30 Service, their responsibility is obviously - it's a
31 telephone based service. When a woman rings in, their

1 responsibilities and their role is to conduct initial
2 assessments and risk assessments and then if accommodation
3 is required they will refer that woman to the region that
4 the woman has identified as the best region for her, where
5 she wants to be, the regional DV service.

6 MR MOSHINSKY: Sorry to interrupt, so the Central Domestic
7 Violence Service that you are the Executive Director of,
8 is that one of those regional services?

9 MS HAGIAS: Our service is one of those regional services. But
10 that is not the only way that women can actually enter
11 into our system. So all of our servers are what is known
12 as a gateway for service. So what we did recognise is
13 that not all women will come in through one entry point.
14 As a regional service we develop relationships within our
15 regions and our communities. We promote our services.
16 More times than not we also have women who contact us
17 directly.

18 Our responsibility is also, if a woman does
19 contact us directly, that we will also be a gateway to
20 service. So, as opposed to referring women to different
21 places, we would assess her needs, obviously, assess risk
22 as well, and if she requires accommodation and we don't
23 have accommodation, it is also our responsibility to look
24 at placing her in a motel. But more times than not
25 unfortunately our system is that women will go into motels
26 in the first instance. Depending on the region that she
27 enters, it will be that regional DV service that will pick
28 up supporting that woman immediately from the motel.

29 The purpose of that was what we wanted to ensure
30 is that there was a consistency of support and response to
31 a woman from the moment she entered that motel or the

1 region, as opposed to having many workers and many
2 services in her life. So there was a streamlined pathway
3 for her back into the shelter system with the same
4 service.

5 MR MOSHINSKY: So if a person has experienced family violence
6 and they are in need of family violence support but not
7 necessarily housing, do they go through this system? Is
8 this to access supports for the violence they have
9 experienced?

10 MS HAGIAS: Yes. In South Australia, yes. If a woman requires
11 support in relation to accommodation or support, she will
12 enter through our system to be provided with that support.
13 Then it is our job to then connect her with the services
14 that she requires.

15 MR MOSHINSKY: I see. Could you take us back in time and just
16 explain the history? So in paragraph 13 of your statement
17 you start back in 1997, the review then. Could you just
18 take us through the journey of what's happened to get to
19 this point in South Australia?

20 MS HAGIAS: Sure. So in 1997 the then Department of Families
21 and Communities, together with the women's sector, agreed
22 that a review of the DV services in South Australia was
23 required. The sector hadn't been reviewed for many years.
24 Part of that, it was really a partnership in the review.
25 The women's sector was involved in the development of the
26 terms of reference, obviously part of the implementation
27 of the reforms and the recommendations that came out of
28 that.

29 The review focused on a couple of things. They
30 focused on the accommodation available for women, as well
31 as obviously the support model and the service model that

1 was provided. Out of this review, particularly the focus
2 around accommodation, in South Australia we had what was
3 known as communal living. In the service that I worked
4 with it was two properties, three bedroom homes and a
5 family in each of those bedrooms, so three families in one
6 room. So what we called as communal living.

7 What we found in particularly the sector was that
8 the model was very difficult for families. It also
9 excluded families, particularly - I will call them rules.
10 Our rules were that families with boys ranging from the
11 ages from 12, 13 or 14 years old couldn't come into a
12 shelter. Women with mental health issues, women with drug
13 and alcohol issues were excluded from the shelter.

14 As I have written in my statement, there were
15 certainly some rules around - there were also curfews as
16 well as very strict rules in relation to cooking and
17 cleaning and all those type of things that we felt caused
18 further stress on women and families who were already in
19 crisis. That was one thing for those women that actually
20 came into the services. The other side of it is what we
21 also realised is it excluded a whole lot of families in
22 accessing crisis accommodation.

23 MR MOSHINSKY: So then you in the next section at paragraph 20
24 talk about the core and cluster model of accommodation.

25 MS HAGIAS: Yes.

26 MR MOSHINSKY: Can you just briefly outline what the new model
27 was after that review?

28 MS HAGIAS: Yes. Soon after that we decided on working
29 together with the department in relation to a model of
30 accommodation that was more suitable to our families in
31 crisis. So to explain it, core and cluster models are now

1 right throughout South Australia. The communal living
2 models in the DV sector no longer exist. They are
3 individual units.

4 To explain it, they are like retirement villages,
5 so they are individual units. On those complexes also are
6 group rooms and counselling rooms, so shared facilities to
7 provide programs, as well as space for workers, office
8 spaces.

9 MR MOSHINSKY: Are different supports and services provided to
10 women while they are in that accommodation?

11 MS HAGIAS: Absolutely. Staff are obviously on site. They are
12 on site Monday to Friday 9 to 5, but we provide a 24-hour
13 on call service for women as well who are in the core and
14 cluster, the crisis accommodation, absolutely. Services
15 are wrapped around women in that model of accommodation.

16 As I have explained in my statement, we run a
17 number of programs. Obviously we provide a case
18 management response to women that actually attend our
19 service, which includes initial assessment, case planning,
20 as well as obviously risk and safety planning. We also
21 address a number of life domain areas and in doing so we
22 have strong connections with our government and
23 non-government services, and we have a lot of services
24 that visit in.

25 So we would have the police who would come in if
26 required to do statements for women where it is really
27 difficult, particularly at that point of crisis to go to a
28 police station. Centrelink will attend to support women
29 particularly at that particular time in relation to
30 dealing with any income questions that they might have, as
31 well as obviously children's services, psychologists and

1 for post crisis we also have strong connections with TAFE
2 and they come in and do education programs for women.

3 Part of the reason around bringing those services
4 in there is that we are in their lives in a moment of
5 time, so what we want to do is build women's capacity and
6 strengthen their connections with services outside of DV
7 services so that they can continue on their journey
8 obviously to a life free of violence.

9 MR MOSHINSKY: You referred earlier to rules and restrictions
10 that applied in the communal living. Has there been a
11 change to those under the core and cluster model?

12 MS HAGIAS: Yes, absolutely. Our assessment in relation to
13 women accessing accommodation is actually based on their
14 needs and their families' needs. There are no rules in
15 relation to age limits, mental health, drug and alcohol.
16 Obviously there is security. We talk to women about the
17 fact that the perpetrator can't be told where she is
18 because it's a secure place, but also we recognise women's
19 connection with family. So, assessments are made in
20 relation to a woman's circumstances, if they require
21 family support. For example, just most recently a woman
22 was pregnant and was about to give birth to a child. She
23 needed the support of her mother and her father, so she
24 could have her mother and her father there to support her
25 and support her children while she went to hospital and
26 had the baby.

27 We have actually had, whether it be aunties or
28 really close friends even stay at one of the properties to
29 support a woman because part of it for us is it's what we
30 don't want to do is further isolate women from their
31 supports, but also providing security and safety at the

1 same time. So our properties do have duress alarms that
2 go straight to security companies, secure screens and
3 doors. There's levels of security.

4 But our rules are mainly based on if there is a
5 breach of security where the perpetrator has found the
6 woman, our job is to obviously work with her and move her
7 somewhere which is safer. So it is our responsibility as
8 a service to then work with her to move her to somewhere
9 safe. We don't move her to another service like the entry
10 point where she has to retell her story and go through a
11 process; what we want to do is make that journey as smooth
12 as possible for her.

13 MR MOSHINSKY: What happens next? What sort of period of time
14 do women stay in the crisis accommodation and then how
15 easy is it for them to move to some other form of
16 accommodation after that?

17 MS HAGIAS: For Central Domestic Violence Service we have two
18 services under our banner. We cover the eastern regions
19 of metro Adelaide and the western regions of metro
20 Adelaide. We three different types of accommodation that
21 we offer under that umbrella. We can accommodate 90
22 families across our service. So, we have crisis
23 accommodation. Women will be in crisis accommodation.
24 That varies based on individual needs. It could be
25 anywhere up to six weeks. Sometimes women might be there
26 for two weeks and they are ready to move and there may be
27 a transitional property we could move her into. Then
28 there are other women who are here in Australia that don't
29 have the appropriate visa status and obviously don't have
30 income and they could actually be in the crisis units
31 anywhere up to a year until we work with Department of

1 Immigration and support them through that process.

2 From there, women will move into - well, it
3 varies, because we start working on long-term safe
4 accommodation right from the beginning. Some women will
5 move into transitional properties from crisis
6 accommodation. Sometimes women will actually move into
7 private rental because there has been an opportunity that
8 something has actually become available. So, they will
9 move into transitional properties. They could be there
10 anywhere up to six months, and then from there obviously
11 longer term safe accommodation.

12 But if they are in our crisis units and they move
13 into private rental, our support continues. Our support
14 is not based on where they are living. So it is based on
15 their needs and also the case plan and the work that we
16 are doing them. That working relationship ends when the
17 woman is ready for that to end.

18 MR MOSHINSKY: Could I take you then to paragraph 33 in your
19 statement where you deal with the 2009 reform. You
20 touched on this a bit before. Can you just expand on this
21 a little now? What was the catalyst for the reform and
22 what were some of the key things that changed as a result
23 of the 2009 reform?

24 MS HAGIAS: The 2009 reform, as I mentioned, came about due to
25 the extra money that came out of The Road Home White Paper
26 on homelessness. As I said, \$15 million came into South
27 Australia, so our department took the opportunity to look
28 at reviewing the whole sector, homelessness and DV sector,
29 as part of that process. As part of that process the DV
30 sector had an injection of \$3 million and what was
31 critical particularly in that process was a real

1 recognition and a partnership between the Department of
2 Communities and Social Inclusion, Office for Women and the
3 women's domestic violence sector, because the principles
4 particularly around reform was that what we wanted to do
5 is ensure that our reforms and the development of a model
6 needed to be closely linked and aligned to the South
7 Australian Women's Safety Strategy as well as the national
8 plan. What we didn't want to create were silos. The
9 women's DV services was one part of a whole system that
10 responded to violence against women and we needed it to
11 work in a coordinated and a streamlined way.

12 So, what we also saw as part of that was a real
13 recognition that the experiences of women and the
14 complexities of domestic violence needed to be really
15 reflected in the way that we did our work under the
16 homelessness umbrella. KPIs were developed that really
17 took into consideration the complexities of domestic
18 violence. As an example, what our State called - and I'm
19 sure others as well - a revolving door, where people would
20 come back into the system, was seen as a negative. For DV
21 services that was actually a positive. If we understood
22 the complexities of DV, women would come back; the
23 connection with their family, the complexities of leaving
24 a violent relationship needed to be reflected within the
25 KPIs.

26 Also it was about quality and not quantity, so
27 the work that we did wasn't based on number of beds. As
28 an example, one of our units, which is a three bedroom
29 unit, has six beds in it, but a family that's placed in
30 that unit may be a woman and two children. That doesn't
31 mean under-occupancy, that actually means that that

1 accommodation suits that family.

2 MR MOSHINSKY: So was there a re-aligning or a change in the
3 KPIs to move away from previous ones which were based on
4 the concept of homelessness to new ones which were based
5 on domestic violence?

6 MS HAGIAS: Yes, that's right. What we know is when we look at
7 the broader national partnerships, the NAHA and the NPAH,
8 the National Affordable Housing Agreement and the National
9 Partnerships Against Homelessness, they talk about a
10 Housing First model. It's about a house and a roof over
11 your head. What we are saying, actually, when it comes to
12 DV, it's got to be a safety first response. It may be, as
13 we do know for a whole lot of women, they need to leave a
14 violent relationship and they need to move into a crisis
15 accommodation. So homelessness is an outcome, but it may
16 not be for a whole lot of women. So it was about trying
17 to shift the way that we looked at that response.

18 MR MOSHINSKY: Was there a debate about whether having the
19 funding stream through the homelessness label was
20 something that needed to be changed?

21 MS HAGIAS: I think that continues. There was, absolutely
22 there was, but certainly what we had and what we do have
23 still are some amazingly committed government people in
24 our Department of Communities and Social Inclusion as well
25 as Office for Women that worked really closely together,
26 that understood the complexities around DV and understood
27 the journey of women through our system. They were very
28 committed in working in partnership to ensure that the
29 model that we created best fitted and suited women and it
30 wasn't a one size fits all.

31 Can I say that also our model is not that all

1 women will come through the DV crisis service, move into
2 crisis accommodation, go into transitional and then go
3 into supported accommodation which I will touch on in a
4 minute, but it's all based on that initial assessment.
5 For a whole lot of women, they will come through our
6 system. The initial assessment will actually provide us
7 with information whether a woman needs accommodation,
8 whether the crisis accommodation suits her.

9 For a whole lot of women we have women who go
10 straight into transitional properties because crisis
11 accomodation doesn't suit them. We have women who don't
12 need accommodation, they are still remaining in their
13 home. What we then do is work with them in relation to
14 what their needs are. So that's why in South Australia we
15 don't use the term "refuge" anymore or "shelter". Our
16 services are domestic violence services because we provide
17 more than just the accommodation arm of our work.

18 COMMISSIONER NEAVE: Can I ask a question about that. As
19 I understand it, a lot of the funding for accommodation
20 comes from the Commonwealth.

21 MS HAGIAS: Yes.

22 COMMISSIONER NEAVE: Are the requirements that the Commonwealth
23 imposes restrictive, in the sense that it's hard to do
24 those other things that are not specifically directed at
25 housing, or are they sufficiently flexible to allow you to
26 provide other services along with the housing or instead
27 of the housing?

28 MS HAGIAS: That's a really good question. Look, at the
29 beginning of reform there was a lot of level of I think
30 flexibility because the way that we structured and
31 obviously our service elements, if you see the types of

1 service elements that we provide as services are quite
2 varied. They are more than just accommodation.

3 But unfortunately at the moment demand - it's not
4 about the restriction of our agreements, it's the demand
5 that's now restricting what we can do, because what we are
6 finding at the moment, because of the demand, our focus
7 has very much been on accommodation and high risk women,
8 so sometimes we have needed to prioritise some of the
9 other areas just because of demand, but it allowed us
10 flexibility to be able to do a whole lot of stuff.

11 I think there are still a number of gaps and
12 I think it was mentioned before in regards to early
13 intervention. There are a whole lot of women that aren't
14 being captured at that front end that I think we need to
15 do better. I think we started that process, which we do
16 at the moment, to provide what we call early intervention
17 and really part of that early intervention work that we do
18 is to have a presence in the courts, the DV courts. So
19 each of the regions - not all of them, I don't think - but
20 certainly our regions have specific days where
21 intervention orders are heard.

22 So we have staff available there to connect with
23 women and mainly the job of the staff - women are not
24 connected to a service, it's about supporting them to
25 navigate through the criminal justice system, but also to
26 give them information about services that are available
27 for them. That's probably about the early intervention
28 that we can do, and also the groups that we run provide
29 some early intervention work.

30 MR MOSHINSKY: You may not be able to answer this. Do you know
31 is there a separate system that is available for

1 perpetrators of family violence? If a perpetrator wants
2 to seek support, is that part of this system or is that
3 run separately?

4 MS HAGIAS: Interestingly, just recently, as of 1 July
5 there's - I'm not sure of all the perpetrator programs.
6 I think there are a number of services that provide
7 responses to men who use violence. But if we are talking
8 about a systems response, Central Domestic Violence
9 Service just recently won a tender and we provide support
10 to women, case work support to women whose partners have
11 been mandated by the court to attend behaviour change
12 programs.

13 Those behaviour change programs are being run by
14 two specific services, Offenders Aid Rehabilitation
15 Service and Kornar Winmil Yunti which provides behaviour
16 change programs and support to Aboriginal men but also
17 non-Aboriginal men, and we work quite closely in an
18 integrated way to ensure that we are promoting women's
19 safety as well as making men accountable. The
20 communication between those two programs is really
21 critical. So that's about where we are at at the moment.

22 MR MOSHINSKY: Thank you. Those were the questions I had for
23 the witness. I don't know whether the Commissioners have
24 some questions.

25 DEPUTY COMMISSIONER NICHOLSON: I had a couple. In the core
26 and cluster model, how dependent is it on having the
27 cluster in very close proximity? So would it be possible,
28 for example, if you head leased some properties perhaps a
29 couple of blocks away or a few streets away, would that
30 work?

31 MS HAGIAS: With no staff on site?

1 DEPUTY COMMISSIONER NICHOLSON: Yes.

2 MS HAGIAS: Our experience is that by having staff on site it
3 provides better opportunity of connection with women.
4 When I say we are on site, can I say that we are not near
5 the units, we are sort of offset from the units. The
6 units are quite private, disconnected from the office
7 area. So, I think the beauty of the model that we have is
8 that you have a balance of privacy, ability for the mum
9 and the child to be able to reconnect, feel safe, but also
10 to have services wrapped around that woman on site,
11 one-to-one, as well as being able to provide group
12 programs.

13 But they also have a choice to be in the privacy
14 of their own home but also to come out and connect with
15 women as they please. I would say it works really well by
16 having the staff there. When we have conducted focus
17 groups with women, they certainly have seen the benefits
18 of the close proximity.

19 DEPUTY COMMISSIONER NICHOLSON: Just two other things. You
20 spoke about engagement with TAFE for the women living in
21 the crisis. Can you tell me about the nature of it? Is
22 it something you offer to all residents or how does that
23 work?

24 MS HAGIAS: Part of the work that we do, and again it came from
25 what women were wanting, is introducing, particularly
26 around education, training and skill development, and it
27 was about women obtaining financial independence. Part of
28 that was about breaking the cycle of violence and poverty
29 in future.

30 We employ a community development manager
31 connected with TAFE, and particularly the women's studies

1 section in TAFE. We were able to create pathways for
2 women through education. What we are hoping is to
3 formalise that process so it's actually available across
4 the board. So it's been really successful around - women
5 were saying to us, "I want to go back to school but
6 I don't know how to do that because I haven't been at
7 school." It was a fear. Women studies provided a really
8 great stepping stone for women and supported them.

9 DEPUTY COMMISSIONER NICHOLSON: Is that a Certificate II?

10 MS HAGIAS: I'm not sure. I can't remember. It's something.
11 Certificate II or III. I can't remember.

12 DEPUTY COMMISSIONER NICHOLSON: The other question I had was we
13 heard this morning that in Victoria women of a certain
14 visa status aren't able to be accommodated in refuge.
15 I assume they don't have some residency status. Yet you
16 are saying in South Australia they are able to be
17 accommodated.

18 MS HAGIAS: Of course.

19 DEPUTY COMMISSIONER NICHOLSON: What's the difference between
20 Victoria and South Australia?

21 MS HAGIAS: I can't answer that. If a woman is referred to
22 us - access to our service is based on their experience
23 of domestic violence. We will assess the other issues.
24 I don't know what the difference is. I can't answer.

25 Our service, 25 per cent of our client group is
26 women of non-English speaking background. We have quite a
27 high majority of women who come through our service that
28 don't have visa status, don't have obviously access to any
29 services. We have strong relationships with the
30 Department of Immigration to be able to work with
31 Immigration to look at the Family Violence Protection Act.

1 DEPUTY COMMISSIONER NICHOLSON: I assume it's to do with not
2 having income, is it?

3 MS HAGIAS: Women, if they don't have income then they don't
4 have income. They have the right to safe accommodation
5 and we would work with that. I'm sure like every one of
6 us, we have great connections with fabulous community
7 members who provide lots of support.

8 MR MOSHINSKY: If there are no further questions, could this
9 witness please be excused?

10 COMMISSIONER NEAVE: Thank you very much, Ms Hagias.

11 <(THE WITNESS WITHDREW)

12 MR MOSHINSKY: Commissioner, the next witness is Arthur Rogers.
13 If he could please come forward.

14 <ARTHUR HENRY PELLY ROGERS, affirmed and examined:

15 MR MOSHINSKY: Mr Rogers, you hold the position of Director of
16 Housing within the Department of Health and Human
17 Services?

18 MR ROGERS: I hold the position of Deputy Secretary, Social
19 Housing and NDIS Reform, and the position of Director of
20 Housing, which is a position established under the Housing
21 Act.

22 MR MOSHINSKY: You have prepared a witness statement for the
23 Royal Commission?

24 MR ROGERS: I have.

25 MR MOSHINSKY: Are the contents of your statement true and
26 correct?

27 MR ROGERS: They are true and correct.

28 MR MOSHINSKY: Thank you. I want to take you through your
29 statement to ask you really some further questions about
30 various matters. Could I start with asking you to look at
31 paragraph 16. You explain that there are different types

1 of social housing in paragraph 20: the public housing,
2 community housing and Indigenous community housing. In
3 paragraph 18 you set out the totals for social housing.
4 So that's the category that includes all three. You
5 indicate the numbers of social housing properties over the
6 years from the first in the table, 2004/2005 there were
7 approximately 76,700 properties, and then across to the
8 right-hand side of the page for 2013 to 2014 there's
9 approximately 85,200 properties. Do you have that table
10 there in front of you?

11 MR ROGERS: I do.

12 MR MOSHINSKY: How do those numbers of properties for social
13 housing compare with the demand that there is for social
14 housing?

15 MR ROGERS: In 2014/15 - probably the best way to answer the
16 question is to look at the ratio of the total housing
17 stock in some of those houses to the waitlist.
18 I particularly want to refer to public housing to begin
19 with because we have greater data in relation to public
20 housing. So in 2014/15 there were 64,886 public housing
21 dwellings. The total waitlist excluding transfers at that
22 time was 34,464. So that's the ratio of dwellings to
23 waitlist.

24 Within the waitlist there are segments. We give
25 priority to segments 1 to 3 over segment 4, and the
26 standing priority is segment 1 being the highest priority.
27 In segments 1 to 3 there were 9,798 people waiting for
28 public housing.

29 MR MOSHINSKY: That's information you have set out later on in
30 the statement. I was really asking about the total
31 numbers for social housing. Is it possible to look at

1 what's the demand for social housing back in 2004/2005
2 compared to the number that you have set out, what's the
3 demand in the most recent year, and do a comparison of
4 what the trend looks like?

5 MR ROGERS: I can do a comparison in relation to public
6 housing. In relation to community housing we don't have
7 that data. We don't actually record the data of demand
8 around community housing. It's recorded for public
9 housing. So I can't give you a comparison of community
10 housing between the two time periods. I can give a
11 comparison of public housing between those two time
12 periods.

13 MR MOSHINSKY: Why is that? Presumably there are people
14 applying for community housing. So why is there not data
15 to show how many people are applying versus how many
16 properties there are?

17 MR ROGERS: Each community housing association - and there are
18 eight of them - and the housing providers, they maintain
19 their own access points to those particular forms of
20 housing. Some of them may or may not keep waiting lists.
21 Some use slightly different systems. It's not a system
22 that we record centrally within the Department of Health
23 and Human Services.

24 MR MOSHINSKY: The Director of Housing provides the funding for
25 the community housing; is that right?

26 MR ROGERS: The Director of Housing will have provided some
27 funding to community housing for the asset development, so
28 the funding cost. They will have provided some of that
29 funding themselves; this is community housing
30 associations. They will have also used borrowings to
31 develop community housing as well. So it is a combination

1 I would say primarily of funding from the Director of
2 Housing, but they do attract funding from a variety of
3 sources. They are regulated by the Housing Registrar,
4 which is a statutory position also. The Housing Registrar
5 does monitor their provision of services and the
6 affordability. They are not matters that the Director of
7 Housing regulates. The Director of Housing doesn't
8 provide recurrent funding to those housing associations or
9 providers.

10 MR MOSHINSKY: Would it be useful information to have, how many
11 people are applying for community housing?

12 MR ROGERS: I acknowledge as a total systems issue it would be
13 useful to have the total systems information around the
14 supply and demand around this area. I might just also add
15 that community housing associations and providers, they
16 don't deal with the same target group as public housing.
17 They have a broader affordability and asset limits. So,
18 whilst they deal with some people who are eligible for
19 public housing, they also will deal with broader
20 affordability issues as well. So we are also not
21 comparing like with like between public and community
22 housing.

23 MR MOSHINSKY: But for planning purposes and working out where
24 one is going is there any reason why that data couldn't be
25 sought and collected?

26 MR ROGERS: No, there is not. I cannot give that data today.
27 I can make enquiries and provide that to the Commission in
28 due course if that is required.

29 MR MOSHINSKY: So there is - - -

30 MR ROGERS: I would imagine that each housing provider and
31 association would have some data around that. Whilst

1 I don't have it, I can make those enquiries and provide it
2 to the Commission.

3 COMMISSIONER NEAVE: I think that would be extremely helpful
4 because for future planning purposes at least in the area
5 of family violence it's likely that the Commission will be
6 wanting to say something about what's available out there
7 in whatever form it might be.

8 MR ROGERS: Yes, thank you, Commissioner. I also add later in
9 my statement that part of the works we propose to do - and
10 we are in consultation with the sector already - is to
11 investigate and it's our intention, if we can, to
12 introduce a common waitlist or a common access point into
13 these housing so that instead of having different
14 waitlists and different approach we think the best utility
15 would be to actually have a common waitlist or a common
16 access point so it is totally visible to the whole sector
17 in terms of what the availability of resources are. So we
18 have already broached that subject with the sector and we
19 are working on that now.

20 COMMISSIONER NEAVE: Can I just clarify that. There are some
21 constraints, but did you mean in that answer that there
22 were different priorities imposed by different housing
23 providers which would affect the way their waitlists are
24 structured? Did I understand you correctly? I may not
25 have done.

26 MR ROGERS: In terms of their target group they mostly do have
27 - not all of them, but most do have - a higher income
28 limit in terms of their income test.

29 COMMISSIONER NEAVE: Yes, I understand that.

30 MR ROGERS: And also a broader asset limit. Some housing
31 associations particularly focus on specific groups. So

1 there's one that focuses on older people. There's another
2 one that does a lot of work around - priorities around
3 people with a disability. So there are some that
4 specialise in different areas. But in terms of their
5 income and assets tests they broadly all must comply with
6 the regulator's affordability issues. There are limits to
7 what they can charge, and that's also monitored by the
8 regulator.

9 COMMISSIONER NEAVE: So there's two sorts of policies that
10 would affect waitlists: one are the general policies that
11 apply across the board and then there are others that are
12 specific to the particular provider?

13 MR ROGERS: The provider if they are operating within, say,
14 looking for older people, clearly they would focus only on
15 older people.

16 COMMISSIONER NEAVE: Yes, I understand that.

17 MR ROGERS: But they will use the same asset and income test
18 maximums. They may use less, but they won't go beyond the
19 maximum of what's affordable in terms of charges they will
20 make.

21 COMMISSIONER NEAVE: But, for example, if one wished to know
22 whether the providers of housing to older people had
23 priorities for older people affected by family violence
24 you would find that out by asking the particular
25 accommodation provider; have I got it right?

26 MR ROGERS: Yes, that's correct.

27 COMMISSIONER NEAVE: Thank you.

28 DEPUTY COMMISSIONER NICHOLSON: Mr Rogers, just whilst we are
29 on the housing associations, in consultations the
30 Commission has heard the requirement on housing providers,
31 when they receive funds from the Director of Housing for

1 capital purposes to actually leverage those funds, means
2 that it's less likely that they will be able to
3 accommodate people who are unemployed without any other
4 income.

5 MR ROGERS: This is a matter that relates to housing
6 associations. As I mentioned before, there are eight of
7 those. When we have had particularly some large influxes
8 of capital, which was primarily through nation building,
9 the decision at the time was to ask those housing
10 associations to provide a leverage of 25 per cent on the
11 amount of resources provided by government. Part of that
12 was to allow them to accommodate a different type of
13 target group in public housing. So the current guideline
14 is they must accommodate 50 per cent of people who would
15 be eligible for public housing. They can go beyond that
16 eligibility. As I mentioned, there are higher income and
17 asset tests for those. So they can go beyond that. So
18 some of their income limits are a lot higher than public
19 housing.

20 The proposal around that was that they could
21 therefore get both a mixed sort of development but also
22 their revenue would be higher and they could therefore
23 borrow money against that and provide more houses than the
24 funding provided. That's a matter under discussion now in
25 terms of the policies. I mentioned before about looking
26 at the common housing registrar or common housing list.
27 We would need to look at that policy and determine whether
28 that's still applicable.

29 MR MOSHINSKY: We can't look at trends for social housing
30 because of the community housing component. If we then
31 focus in on the public housing, you have indicated in

1 paragraph 21 that at 30 June 2014 there were 64,886 public
2 housing properties. You indicate in paragraph 25 that the
3 waiting list I think at 30 June 2015 was 34,464. So
4 there's a year's difference, but in rough figures there's
5 64,000 properties and there's 34,000 on the waiting list.

6 Is there any trend data available which indicates
7 the trend in terms of how long the waiting list is
8 compared to how many properties there are over a period of
9 time?

10 MR ROGERS: I have data with me around the number of people on
11 the waiting list on a trend series, but not the waiting
12 time. So I would need to provide that to the Commission.
13 I can give you today the ratio between public housing
14 properties and waiting lists back, say, to 2004/5 just as
15 an indicator.

16 MR MOSHINSKY: Can you tell us that?

17 MR ROGERS: I can. In 2004/05 there were 65,133 public housing
18 dwellings. The waiting list, excluding transfers, was
19 35,416. So broadly a similar ratio.

20 MR MOSHINSKY: Broadly the number of properties and the waiting
21 list is roughly the same at the beginning and the end of
22 that period in the table.

23 MR ROGERS: Yes. Within that, whilst I don't have the number
24 with me, I believe that the segment 1 to 3 has increased
25 and the segment 4, the wait turn segment, has reduced over
26 that time, or would have. I can provide that data.

27 MR MOSHINSKY: If we look at the current waiting list, let's
28 start with the fourth category. So you are not in one of
29 the first three priority categories. How long does it
30 take, if you are an applicant for public housing and the
31 application has been approved, to get public housing?

1 MR ROGERS: I don't have an average number on that that I can
2 give you. But I would say that generally if you are in
3 category 4, segment 4, it would be possible for you to get
4 public housing if you were an older person, because there
5 are older people's units specifically and they will take
6 you there, or if you live in a rural area. If you are not
7 in those areas you may be waiting for a very long time,
8 and for some people they would not get public housing.

9 MR MOSHINSKY: I have heard through the community consultations
10 it can be 20 years or more. Is that your experience?

11 MR ROGERS: I can't attest to 20 years or more. My experience
12 would be there are some people who would be on the
13 waitlist - because we do give priorities to segments 1 to
14 3 - that they will not reach any priority and they will
15 not get public housing.

16 MR MOSHINSKY: So people in category 4 may never get reached;
17 is that the position?

18 MR ROGERS: They may not. Older people will certainly, where
19 they go to older people's units, and where there is low
20 demand in rural areas people will go through segment 4.
21 There might be some other occasions too. But generally
22 with the available stock we have we give the highest
23 priority to segment 1, which is homelessness with support,
24 and segment 2 and segment 3. The number of allocations we
25 are making per year into public housing for new
26 allocations last year I think was just under 4,000. So if
27 you take that number plus the number of people on the
28 early housing waiting list you can therefore surmise that
29 most people in category 4 would not get public housing
30 unless you were in a particular group or a particular
31 location.

1 COMMISSIONER NEAVE: Does that mean that 4,000 people in
2 Victoria get access to public housing each year that
3 haven't been in it before, and they would largely be the
4 people who fall into the first three categories? Did
5 I understand you correctly?

6 MR ROGERS: That's correct. That's for new allocations. There
7 are transfer allocations on top of that. But that
8 allocation number has reduced over time as well as the
9 changing nature of public housing tenants.

10 MR MOSHINSKY: The first three categories I think you indicated
11 is about 9,700 people?

12 MR ROGERS: That's correct.

13 MR MOSHINSKY: There's about 4,000 applications granted each
14 year?

15 MR ROGERS: In the last year it was just under 4,000. They are
16 properties that became available for tenanting.

17 MR MOSHINSKY: Is there any plan to do anything about this?

18 MR ROGERS: Perhaps I can just give you some context. About
19 three years ago there was an Auditor-General's report
20 around public housing. So the emphasis for the past two
21 years has been around upgrades and maintenance, because
22 the Auditor-General pointed out that we didn't actually
23 have the good condition stock details. So we have done a
24 property condition audit. So the last couple of years we
25 have looked at funding around refurbishments, upgrades and
26 maintenance to make sure we didn't lose any stock.

27 This year we have been developing a strategy
28 around the growth of social housing. I would acknowledge
29 that a lot of that growth will depend on government
30 funding, both Commonwealth and State. But within the
31 assets available to me as the Director of Housing we are

1 currently looking at what growth we can achieve from those
2 assets. There's a sizeable asset base available to the
3 Director of Housing. So we are examining that asset base
4 to see what we can do in terms of realising assets and
5 growing stock from that process as well as partnering with
6 other groups, community housing groups and private
7 operators, private companies around growth of housing.

8 We have undertaken that process this year. We
9 have made some progress. We are not at the end of that
10 process, but I am looking forward to discussing that with
11 the Minister for Housing in due course.

12 MR MOSHINSKY: These are all things you are looking at. But is
13 there any actual plan that says, "This is what we are
14 going to do and this is how many properties we will have
15 in one year's time, and two years time, three years time"?

16 MR ROGERS: That will be the result of the work I'm currently
17 doing which I expect to be finished in the coming months.
18 I might just add it's not just about the total numbers of
19 stock as well. So I did mention about the allocations
20 process. Clearly the allocations numbers have reduced.
21 Part of that is around we have not been using public
22 housing well enough for those people who can use it as a
23 vehicle to other things; so young people, for instance.

24 So we are also looking at strategies about
25 actually how we might use public housing as part of a
26 broader process to help some people move through public
27 housing as a springboard to other things. We are doing
28 some work around that client differentiation as well to
29 make sure perhaps we can provide housing for a shorter
30 time where people want to, where they have an aspiration
31 to do other things that we can use it to improve the

1 throughput where it is appropriate through housing.

2 The other issue we have been looking at is the
3 stock profile. So we have some mismatch between stock
4 numbers and demand. We have some people who no longer
5 need the houses they are in; for instance, a person who
6 might be now single who is in a two to three bedroom
7 house. Whilst I'm not suggesting we would forcibly move
8 those people, we are looking at trying to give other
9 options to them to create more availability of stock
10 that's suitable for people on the waiting list.

11 MR MOSHINSKY: These all sound like good ideas, to look at
12 better asset utilisation or training people so they can
13 move through more quickly. Have there been plans in the
14 past, 10 years ago, to look at these very things?

15 MR ROGERS: At different times there have been approaches
16 around looking at the asset base. But these have been, I
17 would say, probably more ad hoc. This is more a
18 systematic approach of looking at the entire asset base,
19 what is available to the director and where there is
20 potential to use that asset to provide funds for growth or
21 we partner with others for growth. This is a much more
22 systematic approach than we have had, not to say there
23 haven't been different times we have been looking at
24 growth of stock.

25 There have been particular times when governments
26 have injected quite large capital into public housing. So
27 the State Government injected I think \$500 million between
28 2005 and '6, around that time; I'm not quite sure of the
29 time. There was quite a lot of planning around stock
30 growth then and stock renewal, as there was with nation
31 building, and that was a national process around economic

1 renewal, part of the global financial crisis. So there
2 was some work done there.

3 Generally we will develop an asset intent for all
4 our properties. So after the property condition audit
5 that we conducted a few years ago we now have a much
6 better idea about where the asset conditions are and which
7 ones are best to redevelop. So we have a much better idea
8 because of the property condition audit as well as the
9 systematic look at assets that I'm undertaking at the
10 moment.

11 MR MOSHINSKY: Is there a timeframe for the systemic review of
12 the whole system? Do we have a date when that will be
13 completed by?

14 MR ROGERS: I'm aiming to complete my part of that by
15 September.

16 MR MOSHINSKY: In terms of the timeframe of this Royal
17 Commission, the Commissioners need to report by February.
18 Is that review something that could be made available in
19 the timeframe for this Commission to consider it?

20 MR ROGERS: Naturally I need to discuss that with the Minister
21 for Housing. I'm not sure how long that would take. It
22 may well need broader consideration with government. So
23 I'm not sure I can give you a definite answer to that
24 today, because I'm basically talking about the work within
25 the department. There needs to be some broader work
26 across government because the supply of social housing of
27 course is quite linked to the broader supply of affordable
28 housing. So that's part of a broader discussion as well.
29 So I'm unable to give you a definite answer to your
30 question today.

31 DEPUTY COMMISSIONER FAULKNER: Can I just get a little piece of

1 information, Mr Rogers. In relation to the public housing
2 waiting list how actively is it managed? Are they real
3 numbers? Do we know if those people are in a central
4 waiting list? Would you be very confident that that is
5 the right number?

6 MR ROGERS: It is a central waiting list. It's recorded on an
7 information system that we maintain. It's a product of
8 those people either approaching housing officers in person
9 or putting an application in through the mail. There are
10 regular checks required of people on that public housing
11 waiting list. So housing officers will contact people on
12 a regular basis; I don't mean monthly, but on a regular
13 basis. If we can't contact them or we can't find that
14 they are in the same need as they are now we actively
15 manage that by making sure we try to contact them.

16 I'm convinced that at a point in time it's an
17 accurate description. But between reviews there may well
18 be people who have changed circumstances that we haven't
19 recorded until the next review time.

20 DEPUTY COMMISSIONER FAULKNER: Secondly, you mentioned that you
21 have a choice between repairing existing stock and
22 investing in new stock. Over the last period of time how
23 has the money been allocated? Am I to understand it's
24 largely gone to keeping existing stock in place, because
25 there has been very little expansion of certainly public
26 housing stock that I can see?

27 MR ROGERS: The funding that we have had available to me or to
28 the department - following the property condition audit
29 that we undertook after the Auditor-General's report, that
30 gave us a very clear indication of the maintenance and
31 upgrade requirements of stock. So in the past two years,

1 including this year, we have increased the resources into
2 upgrades and maintenance to stop the loss of any stock we
3 have because at the end of the day we certainly don't want
4 to go backwards with stock. So we need to make sure it's
5 maintained as well as it can be.

6 DEPUTY COMMISSIONER FAULKNER: So has there been investment in
7 new public housing stock at the same time as you have been
8 repairing?

9 MR ROGERS: As you will see, there's not been a growth. As
10 part of the renewal strategy each year we actually have an
11 acquisitions and disposal strategy. So we dispose of
12 stock every year based on stock condition and demand. We
13 also have an acquisition process which is actually where
14 we will acquire stock as well. That happens every year
15 through an annual capital planning process that we
16 undertake in the Director of Housing's area.

17 COMMISSIONER NEAVE: So is that data available; that is, how
18 much is spent on providing new stock from year to year?

19 MR ROGERS: I can provide you with the acquisition and disposal
20 numbers and expenditure and, if the Commission would like
21 it, the amount of funds on maintenance and upgrades on an
22 annual basis for the last few years, if that's useful.

23 COMMISSIONER NEAVE: It would be helpful, thank you.

24 MR MOSHINSKY: Mr Rogers, are you aware of a KPMG review of the
25 Commission by the previous State Government which was a
26 review of the entire homelessness service system and was
27 due to be completed at the end of 2013?

28 MR ROGERS: I am aware of it, yes.

29 MR MOSHINSKY: Was that review completed?

30 MR ROGERS: The work that KPMG were asked to complete, which
31 was a number of different module, was completed. Part of

1 that work was the review of the innovation action projects
2 which we have recently released the evaluations on our
3 website. In terms of the outcomes of that review the
4 government is yet to announce reforms into the
5 homelessness area, but the work of KPMG has been completed
6 largely.

7 MR MOSHINSKY: Does that cover a similar subject matter to the
8 systematic whole system review that you were referring to
9 that you were going to do?

10 MR ROGERS: I probably should clarify. What we have engaged
11 with was a review of housing and homelessness generally.
12 In the last six months we have been trying to link or we
13 are linking the review of - the redevelopment of the
14 reform of homelessness and housing. So that work of KPMG
15 is being incorporated into that broader review. So that
16 work I'm talking about, the response to that is something
17 that we are doing in an integrated way between housing and
18 homelessness, looking at the lessons from the KPMG review
19 and the recommendations they have made for reform.

20 MR MOSHINSKY: So what were the main recommendations that they
21 made?

22 MR ROGERS: I perhaps won't attempt to cover it all because
23 I don't have it in front of me, but broadly it was talking
24 about looking at the system and trying to ensure that we
25 put quite a focus on rehousing as quickly as we can so
26 that people are housed in more appropriate longer term
27 housing more quickly; that there is an integration of
28 support. So at the moment we have a number of packages of
29 private rental brokerage. It was actually talking about
30 simplifying that and putting in a much more flexible
31 individual type support package for a person.

1 So it is basically around accessibility and
2 making sure the system is simpler and easier to understand
3 and covers off around the main things, which is actually
4 trying to understand and assess a person's needs, provide
5 them with an integrated package of support and move to
6 more rapid rehousing as soon as we can.

7 MR MOSHINSKY: How would you describe the title of the KPMG
8 report just so I know which document we need to seek?

9 MR ROGERS: There are a number of modules. There was one
10 which - I can't remember the exact name of it. It is
11 about recommendations for the system. So that could be
12 provided to the Commission, if you require it.

13 MR MOSHINSKY: Yes, if that could be provided that would be of
14 assistance.

15 MR ROGERS: I have done a very, very overview summary of that.
16 There's much more detail obviously than I have been giving
17 you today.

18 MR MOSHINSKY: And that was a 2013 report?

19 MR ROGERS: I don't recall the date on that part of the report,
20 sorry. But that's about when the work was done. There
21 were a number of modules. They also mapped out the
22 current system and sort of did quite a lot of mapping as
23 well as analysis. There were a number of different
24 reports regarding different parts of those modules.

25 MR MOSHINSKY: If those modules could be provided to the
26 Commission I think that would be of assistance.

27 COMMISSIONER NEAVE: Yes.

28 MR MOSHINSKY: Mr Rogers, could you then look at paragraph 37.
29 Here you are dealing with long-term community housing and
30 you indicate that as at 30 June 2014 there's 14,344
31 properties. Are you able to say what the waitlist is for

1 people who are applying for those properties?

2 MR ROGERS: As I mentioned before, I don't have the waitlist to
3 hand. It's not something that we discover on a regular
4 basis. So that information I mentioned to you before we
5 would need to enquire and provide that to the Commission.

6 MR MOSHINSKY: Thank you. Then if you could turn to paragraph
7 53, dealing with the third category of social housing
8 which is Indigenous community housing. You indicate there
9 at the same date there were 1,995 properties. Do you have
10 data on the waitlist for those properties and trends over
11 time?

12 MR ROGERS: In relation to these properties there is an avenue
13 into these properties which is through the public housing
14 waiting list. But they also can approach Aboriginal
15 Housing Victoria as well. So we have some data on the
16 waitlist of Aboriginal people waiting for public housing,
17 but I don't have the data on what they might hold
18 separately to that data.

19 MR MOSHINSKY: So what is the waitlist that you know of for
20 these properties?

21 MR ROGERS: I don't have that number at hand. The department
22 does know that, but I just don't have it at hand, I'm
23 sorry.

24 MR MOSHINSKY: And will the department have trend data over
25 time?

26 MR ROGERS: We will have it. I'm not sure it is back to 04/05,
27 but I will try to find out as much as we have on that.

28 MR MOSHINSKY: Thank you. Could I then ask you to turn to page
29 11 of your statement. There's a heading "Crisis and
30 Emergency Accommodation". Then over the page one of the
31 subheadings is, "Women's Refuges". You indicate that

1 there are 31 women's refuge sites across Victoria made up
2 of 54 individual properties or units and, in the next
3 paragraph, that they can accommodate around 105
4 households. Does that mean 105 families, essentially?

5 MR ROGERS: Yes.

6 MR MOSHINSKY: Then you say that they are in metropolitan,
7 regional and rural areas. Just going back to the 105, is
8 there any data available which indicates the level of
9 demand for refuge places and whether 105 across the state
10 is sufficient?

11 MR ROGERS: No, whilst we set annual targets for the refuge
12 which is around episodes, we do not collect either the
13 occupancy rate or the demand for those. Other witnesses
14 have given an indication of the turn-away rate, but we
15 don't collect that data.

16 MR MOSHINSKY: So you set targets each year, but what are the
17 targets based on?

18 MR ROGERS: It's based on episodes, which includes
19 accommodation. So they will report to the department for
20 the year how many of those they have met and whether they
21 met their target or not. But that does not indicate to us
22 the demand or unmet demand for those refuges and it
23 doesn't indicate the daily supply or the daily occupancy
24 of those beds.

25 DEPUTY COMMISSIONER FAULKNER: So, Mr Rogers, that means that
26 you are purchasing a number of times that those refuges
27 can offer accommodation. Is that related in any way to
28 what you expect the demand to be into the future? So when
29 you set those targets that you are going to purchase from
30 these refuges, how is it planned how many you ask for or
31 is it simply based on what money you have?

1 MR ROGERS: It would be based on the number of properties that
2 we think they can accommodate, the times they operate. It
3 would be based on the current provision of service. It
4 will not be based on an increase because we know there are
5 a definite number of households that can be accommodated.
6 It won't be based on a demand projection; it will be based
7 on the current supply arrangements.

8 COMMISSIONER NEAVE: So it is a historical figure?

9 MR ROGERS: It is based on what's currently available.
10 Historically it is based on - the funding is around the
11 number of workers per refuge. It is an older application
12 of the funding model we have.

13 DEPUTY COMMISSIONER FAULKNER: Thank you.

14 MR MOSHINSKY: The next sentence where you say they are in
15 metropolitan, regional and rural, do you know how many are
16 in regional and rural versus how many are in metropolitan?

17 MR ROGERS: The department holds that number. It's not
18 something I have directly with me. We can provide that to
19 you. We know where they are broadly of course. The exact
20 locations for most of them are not shown on our database.
21 But we do know the area they are in and we do know the
22 spread of them and the operators of those and their
23 capacities.

24 MR MOSHINSKY: Just at a high level, is it correct to say that
25 the overwhelming majority are in metropolitan Melbourne or
26 cities rather than in rural and regional areas?

27 MR ROGERS: There will be more in the metropolitan areas. We
28 have 17 areas for geography of service delivery in DHHS,
29 the Department of Health and Human Services. So we know
30 there is coverage in most of those, apart from two
31 metropolitan areas. So we know there's a spread across

1 rural Victoria, but naturally there will be more in
2 metropolitan Melbourne.

3 MR MOSHINSKY: Is there any assessment of the sufficiency of
4 the number in rural and regional Victoria and what the
5 demand is versus what the availability is?

6 MR ROGERS: The department doesn't have any data which shows
7 the relationship between supply and demand of the refuges.

8 MR MOSHINSKY: In paragraphs 87 and following you deal with
9 mainstream adult and family crisis accommodation, and you
10 outline some facilities in paragraph 88 which are
11 congregate style accommodation.

12 Then in paragraph 90 you say, "People that are
13 accommodated in crisis housing might, on exit from this
14 accommodation, move to transitional housing, long-term
15 public or other social housing." But what happens if
16 there is no transitional housing or long-term public or
17 other social housing available?

18 MR ROGERS: We have an expectation of the time people will stay
19 in crisis housing. But if there is no pathway to
20 transitional or longer term affordable housing then they
21 will generally stay in the crisis accommodation. I'm
22 aware that of course the length of stay in that form of
23 accommodation is beyond what we originally expected. It
24 can be quite longer than we thought it would be. It would
25 be that they will be staying in that accommodation until
26 there is more suitable accommodation found for them. They
27 might move within that accommodation. I'm not sure that
28 would be the case, but they might. But they generally
29 will not be terminated in that type of accommodation if
30 there is nothing else available for them.

31 MR MOSHINSKY: So people are staying longer in the crisis

1 accommodation phase than was originally intended when that
2 scheme was designed?

3 MR ROGERS: That's correct.

4 MR MOSHINSKY: When it was set up with those different stages
5 what was the crisis accommodation phase intended to be?

6 MR ROGERS: I think it was around about six weeks.

7 MR MOSHINSKY: And in reality now how long are we looking at
8 typically?

9 MR ROGERS: It's months. I can't give you the number, but it's
10 months. It's a lot longer than the six weeks, and some
11 people stay for a few years.

12 COMMISSIONER NEAVE: I'm sorry, I didn't hear that. Did you
13 say "a few years"?

14 MR ROGERS: A small number, but it generally would be months,
15 not six weeks. It is a lot longer than originally
16 expected.

17 MR MOSHINSKY: Thank you. Then over the page there's a heading
18 "Transitional Housing." You indicate that as at 30 June
19 2014 there were 3,667 properties. How does that number
20 compare with the demand for the transitional housing?

21 MR ROGERS: We have done an audit or a review of sort of unmet
22 demand in transitional housing. What we have is a figure
23 that doesn't exactly answer what you have asked. We have
24 a number 5,269 people who are currently waiting for
25 housing and case management and a range of other
26 transitional housing support. I stress that's not just
27 accommodation.

28 But within the data I have I don't have the
29 break-up between the housing demand and the housing
30 supply. Obviously we know the supply. We know in general
31 there is a lot of unmet demand in transitional housing,

1 but I can't give you the split-up between those. I don't
2 have that.

3 MR MOSHINSKY: So there's a lot of unmet demand for
4 transitional housing. Is the data available somewhere
5 that could be put together for the Commission to show this
6 is the demand for transitional housing and we can compare
7 it with the amount of properties available?

8 MR ROGERS: We will need to interrogate the data that we have.
9 If that's not available, we will need to go to the
10 transitional housing managers and see whether we can
11 obtain that data, which we can do, and provide that to the
12 Commission if it's available.

13 MR MOSHINSKY: That would be helpful. Thank you. You said
14 that there's unmet demand. Some of the other evidence
15 that's been heard today indicates that there's blockages
16 at various stages and that, because of the shortage of the
17 social housing which we have already referred to, people
18 end up staying in transitional housing for a lot longer;
19 is that right?

20 MR ROGERS: That's correct. That's true of transitional
21 housing.

22 MR MOSHINSKY: When this phasing model was set up how long was
23 transitional housing intended to be, roughly speaking?

24 MR ROGERS: Intended generally to be up to 12 months, and where
25 there are young people involved for 18 months. We know
26 that the length of stay is more than that and there's some
27 people who basically will stay for a number of years in
28 transitional housing. Again they will probably stay there
29 until some longer term affordable option is available.
30 Whilst we had intended there to be a certain length of
31 stay, that's not mandated. People will stay until there

1 is another option for them.

2 MR MOSHINSKY: Does the current reality that people are staying
3 in transitional housing for years rather than just the
4 12 months that was originally intended call into question
5 the structure here of having the transitional housing
6 phase?

7 MR ROGERS: I think it calls into question two points. One is
8 the availability of longer term social or affordable
9 housing for people, and that's both public and community
10 housing, and the broader affordability issue around
11 private rental. So clearly if there's not pathways out of
12 that people will stay in transition housing.

13 The other question it has for me is that in terms
14 of a model for people who will be homeless and need a
15 response, one of the things we need to look at that's been
16 mentioned by other witnesses is we shouldn't be thinking
17 about a short-term crisis response and stabilisation and
18 planning, but that we may move to perhaps more rapid
19 rehousing on a longer term basis.

20 So I guess the question we have is whether
21 transitional housing as a model for the future is the one
22 we should have. For some people it will be. But
23 generally we would try and look at whether people cannot
24 move into more longer term housing more quickly. In
25 reality that tends to be what's now happening with
26 transitional housing. They are staying there longer than
27 they did.

28 I have indicated in my statement and elsewhere
29 that we do need to actually look at that as an option in
30 terms of the reform of social housing and again look at
31 that model of transitional housing. I'm certainly not

1 saying that people may not need something on a shorter
2 term basis. But generally our intent would be to see
3 whether we can't rapidly get people back into a longer
4 term housing system rather than a number of different
5 stages of their housing.

6 MR MOSHINSKY: Is there any current review of the policy of
7 having the transitional housing?

8 MR ROGERS: We have been discussing that with the sector and
9 it's part of that reform process that I spoke to you
10 about.

11 MR MOSHINSKY: In paragraphs 95 and 96 you talk about Housing
12 First and indicate that that's about rapidly securing
13 longer term housing for someone. Just at a very practical
14 level, how is the department either doing that or planning
15 to do that? What actually, in a very practical sense, has
16 happened to implement that option?

17 MR ROGERS: I refer to two different models in my statement,
18 which is the Youth Foyers and Supportive Housing, which is
19 the Elizabeth Street Common Ground and the High Street,
20 Preston, Supportive Housing. In relation to the latter of
21 those there is an assertive outreach model for people who
22 are homeless that will actually connect with them and they
23 may well go straight into this housing option.

24 In relation to youth there's Melbourne Youth
25 Support Service which will also try and link people
26 directly into Youth Foyers, which is a longer term form of
27 housing. So both of those will be around assertive
28 outreach and connecting with people who are homeless and
29 basically trying to place them more quickly into something
30 that's longer term rather than a refuge or other crisis
31 housing.

1 MR MOSHINSKY: So apart from these two, the Youth Foyers and
2 Supportive Housing, are there other steps that have been
3 taken or are in train to adopt this Housing First of a
4 rapid securing of long-term housing approach?

5 MR ROGERS: I mentioned in my statement a few places of course
6 there's the other option around support for private
7 rental. So there are a number of programs around that
8 that I have mentioned in my statement such as the Housing
9 Establishment Fund, other rental funds. There's the Bond
10 Loan Scheme. So they are aiming to sort of try to get
11 people into longer term private rental where they can as
12 quickly as they can. So they are the predominant current
13 processes.

14 Again in the reform process I have mentioned we
15 are looking at options around actually how we can develop
16 this quicker and longer term rehousing than we have beyond
17 those examples I have mentioned.

18 DEPUTY COMMISSIONER FAULKNER: On page 16 you give us figures
19 again on the Housing Establishment Fund. As I understand
20 it, that's dollars of expenditure. Do you have any
21 feeling for whether or not the dollars of expenditure are
22 buying more services each year, because there has been
23 nearly a doubling of the dollars, or is it just getting
24 more expensive? Do you collect sort of how many
25 households were helped as opposed to the expenditure?

26 MR ROGERS: We will have collected the number of targets that
27 we have achieved from the funding that we have deployed.
28 I don't have the actual time series history. But what we
29 have done with the Housing Establishment Fund as it has
30 grown, we have actually allocated new funding to parts of
31 Victoria where we are underfunded historically. So HEF

1 originally was historically based. We have tried to look
2 at that approach with new funding where we have tried to
3 make that much more equitable and available across
4 Victoria. So we now have it across 17 areas.

5 So, on the basis of that, I would be confident in
6 saying it is actually providing a greater service.

7 I don't have the time series, but we will have the targets
8 tracked over time compared to the dollar purchases and
9 I can provide that.

10 DEPUTY COMMISSIONER FAULKNER: Thank you.

11 MR MOSHINSKY: Just following on from that, this Housing
12 Establishment Fund, or HEF, which your table indicates as
13 at 2013 to 2014 about 11 million was being spent on that,
14 that covers things such as motel accommodation for crisis
15 accommodation among other things; is that right?

16 MR ROGERS: It covers both the sort of short-term crisis
17 response as well as helping people establish longer term
18 housing options.

19 MR MOSHINSKY: Is it possible to break that down in terms of
20 how much of the HEF is family violence related?

21 MR ROGERS: The data I have would suggest that in 15/16, so
22 it's a different number - the budget in 15/16 is
23 \$11.8 million. Of that, 3.268 million is specifically to
24 family violence service providers.

25 MR MOSHINSKY: So that's a budget. But in terms of actuals is
26 there data available to indicate for actual figures how
27 much of it went on family violence related matters?

28 MR ROGERS: We would know how much was specifically allocated
29 to family violence providers. For those providers in the
30 homelessness system who are not specifically family
31 violence they may not have recorded family violence as the

1 primary issue for presentation. I would need to check
2 whether that's recorded to a degree that would be of use
3 to the Commission. Generally it may not be recorded,
4 depending on what the person discusses with the
5 homelessness provider more generally.

6 MR MOSHINSKY: If the Commission could have the breakdown for
7 family violence to the extent that it is available.

8 MR ROGERS: Certainly.

9 MR MOSHINSKY: That would be appreciated. Looking at the next
10 page, you have a series of subparagraphs in 110 dealing
11 with support to access and maintain housing. In 110.3 you
12 talk about transition support which is about 72 million.
13 Can you explain what type of support that is? What's
14 covered by that heading?

15 MR ROGERS: That's generally support that will help people
16 through their transitional housing and crisis housing. As
17 I say in my statement, it can do a range of things. It's
18 counselling support; it will be crisis resolution; case
19 work for a person. So it's actually helping them through
20 their transition beyond crisis through a range of sort of
21 flexible supports. So some might be case management
22 crisis, some might be issues resolution, advocacy with
23 other organisations, assistance providing long-term social
24 housing or other forms of housing; so a range of things
25 around a person, and that should be focused on a person's
26 individual circumstances.

27 MR MOSHINSKY: So does this figure here include family violence
28 related supports?

29 MR ROGERS: There will be some family violence related support
30 in that. But I don't have that number.

31 MR MOSHINSKY: If we could get that data?

1 MR ROGERS: There is some data relating to specific family
2 violence service funding which is in the whole of
3 government submission to the Commission. So it actually
4 spells it out by program, which I don't have with me, but
5 that would be a useful reference point.

6 MR MOSHINSKY: Thank you. If we then could turn to page 19.
7 So you indicate in paragraph 120 that in 2013/14
8 35 per cent of clients accessing homelessness assistance
9 cited family violence as one of the reasons for seeking
10 this assistance, and this represents an increase of
11 39.9 per cent compared with 2011 to 2012. Are you able to
12 comment on whether that increase is an increase in the
13 number of cases where family violence is occurring or
14 whether it could be an increase in reporting, or are you
15 unable to say based on the data that you have?

16 MR ROGERS: Based on the data from the specialist home data
17 collection I wouldn't be able to make a comment either way
18 on that.

19 MR MOSHINSKY: If we go down then to the heading "Family
20 Violence Services". You then in this section of your
21 statement set out a whole number of different services
22 that are provided. We have heard evidence on this today
23 already that the family violence sector, if I can call it
24 that, is primarily funded through the homelessness funding
25 stream through the Department of Health and Human
26 Services; is that right?

27 MR ROGERS: It's funded primarily through that stream. There
28 is some funding through the children and families stream
29 as well; but by the huge majority through the housing
30 stream.

31 MR MOSHINSKY: Are there figures available for how much funding

1 there is for the matters that you deal with in this
2 section of your witness statement, "Family Violence
3 Services"?

4 MR ROGERS: Yes. Again, they will be in that whole of
5 government submission. That specifies the funding from
6 each department. So it would be contained in that as
7 well.

8 MR MOSHINSKY: Are you able to tell us what the homelessness
9 budget is for family violence services?

10 MR ROGERS: From my memory, it's in the order of about
11 \$64 million. That's my memory. It's not exactly that.
12 But that would be approximately that amount.

13 MR MOSHINSKY: So then you deal with women's refuges in the
14 next section, and the communal and cluster style and
15 matters such as security and codes of practice. I think
16 you have been sitting in the hearing room all day today.

17 MR ROGERS: I have, apart from quarter of an hour after
18 2 o'clock.

19 MR MOSHINSKY: You have no doubt heard quite a lot of evidence
20 about whether the refuge model should be continued or
21 whether it would be better to be moving to a core and
22 cluster model. Could you tell us what steps have been
23 taken or are being taken to look at that issue, whether we
24 should be moving to a core and cluster model and perhaps
25 less security?

26 MR ROGERS: You would notice from my statement at paragraph 126
27 that we have a combination of communal and cluster models;
28 so 18 communal and 13 cluster or dispersed refuge models.
29 The cluster/dispersed model is the more recent model that
30 we have been developing. We have progressively been
31 developing the cluster model compared to the communal

1 model. The communal model, obviously people living under
2 one roof in bedrooms with shared space is less flexible
3 and gives people less personal space, or their families.
4 So we have been moving towards that cluster model.

5 Of the 18, we are currently redeveloping one more
6 of those refuges with the current funding. So that refuge
7 is being developed into a cluster model over the
8 next - I think it will be finished by the end of 2016. So
9 we are moving progressively to a cluster model when we
10 have funds available to do that.

11 MR MOSHINSKY: Is there currently a plan to move all of the
12 refuges to a core and cluster model, and is there a
13 timeframe over which that might take place?

14 MR ROGERS: There is an intention to redevelop, but that will
15 depend on funding becoming available. So we don't
16 actually have a timetable because we don't have a program
17 of funding available for the redevelopment of the refuges.

18 MR MOSHINSKY: When you are converting is this selling existing
19 refuges and buying new properties and building or how do
20 you do this?

21 MR ROGERS: It is a combination of that. It will depend
22 whether there is a use for the existing site. Generally
23 when we replace an asset we would look to sell the current
24 asset and use that funds towards the cost of a new one.
25 But sometimes that may not occur if there is a use for the
26 property we are using. So that would depend a little bit
27 on the local circumstances.

28 MR MOSHINSKY: Is there already a policy in principle to move
29 all of refuges to core and cluster model?

30 MR ROGERS: That is our intent to do that. Each of that will
31 depend on a discussion with the service provider. So we

1 would do that in consultation with them. That will be in
2 consultation with them and in cooperation and agreement
3 with the service provider around the model. We would
4 intend to do that, which has happened with the last refuge
5 we have been redeveloping.

6 MR MOSHINSKY: Is there any estimate available of how much it
7 would cost or how quickly it could be done if the funding
8 were available?

9 MR ROGERS: In terms of how much it would cost I don't have a
10 calculation quickly to give you. I can calculate that.
11 Our recent experience for sort of an eight-bed cluster
12 model, the cost for that was \$5 million. That was a few
13 years ago. We can make a calculation around the cost it
14 would be to replace the 18 communal refuges. That will
15 depend also on whether you use the existing property for a
16 sale or not. So we would need to do that as well.
17 Broadly, I can sort of say 5 million for an eight-place
18 cluster model, escalated over the last couple of years.
19 But we can make a calculation. The final amount would
20 depend on the use of the existing property, which we would
21 need to discuss with the service provider.

22 DEPUTY COMMISSIONER NICHOLSON: Of those refuges you are
23 referring to are they all owned by the State Government?

24 MR ROGERS: Mostly they will be owned by the organisation that
25 operates them and most of them, if not all of them, will
26 have been either built or funded by the Director of
27 Housing, and the Director of Housing will have an interest
28 on those properties so their use can't be changed and they
29 can't be sold without the director's agreement. A few
30 I think are owned by the director. They are mostly
31 through transfer to those organisations with the

1 director's interest.

2 MR MOSHINSKY: Can I just check we are talking about the same
3 thing. When you refer to core and cluster are you
4 referring to the same type of facility that the previous
5 witness described in South Australia or are you talking
6 about a series of houses in the one street?

7 MR ROGERS: I can't talk about the size. I'm talking generally
8 about the 13 cluster - of the 13, I think two of them are
9 dispersed. So most of them are - they are individual
10 units with some central shared facilities. But they are
11 individual sort of units. I don't know if it is exactly
12 the same physical layout as the previous witness
13 mentioned, but the concept would be the same. There are a
14 few of them which are actually dispersed around different
15 streets rather than on one site.

16 MR MOSHINSKY: There's been evidence on a number of days about
17 restrictive rules that apply in some refuges which may
18 present a barrier to women accessing the refuge or whether
19 they are prepared to go there. Does the department have a
20 role in what the rules are at a refuge or is that
21 something that is decided by the refuge itself?

22 MR ROGERS: We will generally specify the purpose of the
23 refuge, but the refuge itself will determine a number of
24 those admission policies and a range of other things. So
25 perhaps if I could give a couple of examples.

26 We don't specify that refuges should not take
27 adolescent boys. Some refuges, I think particularly
28 communal ones, may make that choice because of the mix of
29 people in the refuge. Similarly, we don't specify that a
30 non-permanent resident is not eligible for a refuge; the
31 fact non-permanent residents are eligible for refuges and

1 crisis and transitional accommodation.

2 A refuge may make that decision based on the real
3 difficulty that they might think about a person moving on
4 to long-term housing, because a non-permanent resident is
5 not eligible for public housing. But they are eligible
6 for the refuge. They will make that call within the
7 confines of their operational policy and based on the
8 particular configuration of people they have in the house.

9 It wouldn't be on a financial issue because
10 refuges generally don't charge for accommodation. They
11 might charge a service fee. But they will make that
12 decision based on their own access policies within the
13 broad family violence guidelines that exist.

14 MR MOSHINSKY: So the department doesn't have policies as to
15 what rules apply in a refuge; that's something for the
16 refuge to determine?

17 MR ROGERS: Broadly within our service specification there will
18 be some requirements on the refuges. But the detail of
19 that and operation policies around who is admitted, within
20 that broad policy the refuge will make that decision.

21 MR MOSHINSKY: Commissioner Neave, did you have a question?

22 COMMISSIONER NEAVE: I just wondered whether there was any
23 central record of - obviously you can't identify the
24 location of the refuges - the policies that apply in
25 particular areas?

26 MR ROGERS: We have the policy and funding guidelines which we
27 can make available to the Commission.

28 COMMISSIONER NEAVE: The policies of the particular refuges,
29 I meant. So, for example, one could have a look at what
30 the situation was in a particular rural area where there
31 might be a number of refuges. If they all had policies

1 excluding boys above a certain age, then that might
2 substantially restrict access to those refuges. I just
3 wondered whether the department had any sort of mapping in
4 those terms about what sorts of facilities were available
5 in refuges, albeit not identifying the location of the
6 refuges precisely.

7 MR ROGERS: We have mapping of the physical availability of
8 what's in the refuges, the number of rooms et cetera and
9 broadly where they are and whether they are cluster or
10 dispersed or communal. We have that data. I would need
11 to check whether we actually have the detailed operational
12 policies of each refuge. I'm not aware of that.

13 COMMISSIONER NEAVE: Thank you.

14 MR MOSHINSKY: Mr Rogers, could I take you to page 23 where you
15 deal with Safe at Home. I just wondered if you can
16 describe what actually is being done to progress Safe at
17 Home. You referred to certain pockets of funding that
18 have been made available, but is there a policy or a plan
19 around this that you can describe to the Commission?

20 MR ROGERS: Safe at Home, as I have indicated in my statement,
21 has 1.8 million funding through 24 services. So there's
22 some spread. There is not a plan to say we will extend
23 Safe at Home to a broader degree. I think generally our
24 intent in terms of policy would be it would be preferable
25 for a woman and her children to stay at home and the
26 perpetrator to leave. So clearly we believe as a general
27 policy intent that's the right way to go.

28 We are about to undertake a security pilot, which
29 I mentioned in my statement as well, which will extend
30 that concept of Safe at Home. But the plan doesn't exist
31 that says, "We will extend Safe at Home these ways over

1 the next couple of years."

2 MR MOSHINSKY: Has any work been done to see what's the level
3 of demand? You refer in paragraph 141 to 877 funded
4 targets. But is there any data on what the demand might
5 be for a Safe at Home program?

6 MR ROGERS: I don't believe there is. The 877 targets will be
7 based on the funding available. Generally I think this
8 process of being safe at home has a number of elements and
9 factors to it. Clearly it's about the justice response,
10 as other witnesses have mentioned, and a range of other
11 things that might be in place. So I think that the actual
12 demand will depend on a range of other issues as well as
13 just the availability of funding. So we would need to
14 work with justice and other areas to make sure that we
15 have the right mechanisms in place.

16 I can't give you a clear number because it will
17 depend on a range of other matters that are at play around
18 what happens to the perpetrator and how the woman might
19 feel safe staying at home and the types of things we can
20 do. So I don't have a number for you.

21 MR MOSHINSKY: So there is no plan to increase that in the
22 following financial year, for example?

23 MR ROGERS: For the financial year after this one, that will
24 depend on the annual budget process that we apply to
25 government. We work on an annual process where government
26 makes decisions on its budget priorities each year. So
27 that would depend on that process. I mentioned before
28 about looking at homelessness and housing reform. This is
29 clearly one area where we think we need to put some focus.
30 So where a woman can and wants to stay at home we should
31 make sure we have the packages of supports available to

1 her to do that.

2 I also think that it's worth just reflecting that
3 for that person to be safe wherever they stay - I have
4 mentioned in my statement and I believe that we need to
5 think about more flexible packages for people to make
6 those decisions. So it's not just a Safe at Home program;
7 it's what's the right package for that individual woman.
8 That should be available flexibly so people working with
9 individuals can get an individual response to that person
10 and the package can be flexible enough for them to respond
11 to them, and for them to be safe initially either at home
12 or not at home. I think we need to make sure that the
13 package is available so a person can feel safe wherever
14 they are.

15 MR MOSHINSKY: You deal with this subject of packages of
16 support for a particular person or family further down
17 this page. You indicate in paragraph 143 there were 611
18 funded targets for the brokerage program. Then in the
19 following paragraphs you refer to there being 1,000
20 packages available. So when we talk about brokerage or
21 packages is there any data that the Director of Housing or
22 the department has about what the level of need is for
23 this type of support?

24 MR ROGERS: There is no data that says what's the unmet demand
25 for private rental packages or family violence packages
26 individually. We are aware of the demand on crisis
27 accommodation services. We are aware of course of the
28 number of women who stay in motels. So we have some data.
29 But, as to the response, what we need to think about is
30 the flexible package which we are putting to tender
31 shortly is perhaps the way we should think about the

1 response which is rather than compartmentalise funding to
2 that A, B and C, that what we want to trial with the
3 flexible packages is that they provide flexibility to the
4 provider and to the woman and their children, be used for
5 a range of things. Having a look at how that approach
6 works this year, I think it should be the basis for us to
7 think about how we actually might develop more flexible
8 responses to women and their children into the future. As
9 to the amount of that, I don't have a number to give you
10 around what's the unmet demand for this particular
11 element.

12 DEPUTY COMMISSIONER FAULKNER: Mr Moshinsky, I have a question
13 in relation to paragraph 143 which is the Private Rental
14 Brokerage program for families experiencing family
15 violence and its relationship to something you mentioned
16 at paragraph 114, the Accommodation Options for Families
17 which seems to assist households as well. I'm not quite
18 clear whether or not this one in 114, which is
19 administered from a fund that is administered by the
20 Department of Justice, does that mean that they actually
21 administer the funding, the 4.885, or is that the
22 Department of Health and Human Services?

23 MR ROGERS: The source of funds for the Accommodation Options
24 for Families program is the Property Fund, as I mentioned.
25 So that was a decision made to fund this particular
26 program through that.

27 DEPUTY COMMISSIONER FAULKNER: Does that come to you, though?

28 MR ROGERS: The administration comes to the Department of
29 Health and Human Services and I as the Director of Housing
30 acquit to the Property Fund for the use of that fund.
31 That particularly is around trying to make sure that women

1 are diverted from inappropriate accommodation and rooming
2 houses. The Private Rental Brokerage, in addition to HEF,
3 the Housing Establishment Fund, is about broader private
4 rental brokerage programs and assistance.

5 DEPUTY COMMISSIONER FAULKNER: But both of them would end up
6 being used to look for private rental?

7 MR ROGERS: Yes, they would and so would Housing Establishment
8 Fund. I think one of the things I have been mentioning is
9 that there are a range of different programs that have
10 grown up at different times and it would be useful to
11 think about how we make that a simpler process for
12 accessibility and actually reduce the number of programs
13 to make it simpler and easier for people to access.

14 COMMISSIONER NEAVE: Can I just clarify. Is that Property Fund
15 the result of interest payable on estate agents' trust
16 accounts? Is that where that money comes from?

17 MR ROGERS: I think it is primarily the interest available
18 through bonds that are held in trust. That Property Fund
19 is available for application directly from government
20 departments in this case or from individual community
21 service organisations who apply for it.

22 COMMISSIONER NEAVE: So when a person has to provide a bond
23 that is held by the agent or paid into the fund and the
24 interest on that then is used for this purpose?

25 MR ROGERS: That's my understanding of the use of that fund.
26 It is certainly at least in part that and maybe other
27 things. But I know it is certainly that at least.

28 COMMISSIONER NEAVE: Thank you.

29 DEPUTY COMMISSIONER NICHOLSON: Counsel, can I clarify. The
30 funds allocated under Safe at Home, the Private Rental
31 Brokerage program and other family violence services, are

1 they recurring funds? Are they in the forward estimates?
2 Are they treated as recurring programs?

3 MR ROGERS: The funding for all of the things that we do
4 basically are on three-year service agreements.
5 Occasionally they are - particularly where the National
6 Partnership of Affordable Housing is involved it is time
7 limited, because it's been extended for two years. The
8 other funds available to the department are generally
9 recurring funds. But we operate through a three-year
10 service agreement cycle.

11 DEPUTY COMMISSIONER NICHOLSON: So with these initiatives are
12 you evaluating the impact of these? They are quite small,
13 but they could point to a future direction you might want
14 to take. What are you doing in terms of evaluating?

15 MR ROGERS: It varies, Commissioner. So programs funded, say,
16 through the innovation action programs have been
17 evaluated. Generally we will evaluate programs, but at
18 different times, specifically if they are initially time
19 limited funding. That's obviously a requirement and a
20 necessary and reasonable thing to do, that we evaluate
21 them. So a number of them will be evaluated at different
22 times. I don't know off the top of my head when they were
23 all evaluated and which ones haven't been.

24 But your general point is that we need to learn
25 from what's happening and take the best of what's there
26 and develop the system into the future.

27 DEPUTY COMMISSIONER NICHOLSON: It would be helpful if there
28 has been any evaluation, or any of those, to have that
29 available.

30 MR ROGERS: Certainly I will investigate that and make them
31 available. If I can just clarify, the family violence

1 ones are all the ones mentioned in the statement.

2 DEPUTY COMMISSIONER NICHOLSON: I referred to those on page 23.

3 MR ROGERS: Okay. Thank you.

4 COMMISSIONER NEAVE: I'm not sure that this program, the Safe

5 At Home program, is the same one that was referred to by

6 one of our previous witnesses about the program in

7 Shepparton. As I understand it, there was a program in

8 Shepparton - there is now a new program - whether that

9 previous program was ever evaluated. If I'm right in

10 thinking that they are separate it would be helpful to see

11 if there was any evaluation of the previous one.

12 MR ROGERS: I don't think it's the same program. Was that the

13 Be Fit program?

14 MR MOSHINSKY: Be Safe.

15 MR ROGERS: The Be Safe program. It's not the same as this

16 program.

17 COMMISSIONER NEAVE: That's what I understood.

18 MR ROGERS: That program wasn't actually funded by the

19 department. It was funded through another avenue. So I'm

20 not aware whether it was evaluated or not. But I can also

21 make that enquiry.

22 COMMISSIONER NEAVE: That would be helpful because if it was

23 evaluated favourably then presumably the learning derived

24 from that could be applied to the Safe At Home, although

25 Safe At Home is a more expansive program and includes that

26 GPS element.

27 MR ROGERS: The security pilot for Safe At Home which I refer

28 to of course, we have not yet implemented that. That will

29 be evaluated after implementation and used for future

30 thinking in this area.

31 MR MOSHINSKY: Could I ask you to turn to page 26, paragraph

1 159. You deal with youth refuges and indicate that, in
2 2013 to 2014, 20,170 young people sought assistance from
3 homelessness services. Then you say in total there were
4 159 youth refuge beds available. So is the difference
5 between those figures the difference between the demand
6 and the supply?

7 MR ROGERS: The difference will be partly that not all the
8 assistance would have been for a refuge, so there will be
9 other forms of assistance provided. I don't know the
10 turn-away rate from those youth refuges off the top of my
11 head. I'm not sure we collect that. But it will be a
12 broader youth assistance rather than just for refuge.

13 MR MOSHINSKY: So do you have demand data for how many youth
14 are seeking refuge help?

15 MR ROGERS: I'm not aware of that, but I will check that.
16 Also, generally more recently we have been developing
17 youth foyers, so that's a more rapid rehousing program as
18 I mentioned before. So there's been some growth in youth
19 foyers which is in addition to the youth refuge model.
20 Youth refuges is around a range of things, but the youth
21 foyers are actually about longer term housing and linked
22 to that to education opportunities, so it's a different
23 model. It's been I guess preferenced over youth refuges
24 in the more recent past.

25 MR MOSHINSKY: Then on the next page you deal with
26 accommodation for adult male perpetrators of family
27 violence. You talk about some forms of accommodation in
28 167 and you talk about case management in 169. Are you
29 able to say how much funding goes to these services?

30 MR ROGERS: Can I ask you in terms of the paragraph, sorry?

31 MR MOSHINSKY: I'm looking at the section from paragraph 166 to

1 169, so that bracket of services. Are there figures
2 available on how much funding goes to that?

3 MR ROGERS: The funding that I have mentioned in those
4 paragraphs basically refers to the fact that male
5 perpetrators once they become homeless can access the
6 range of crisis, transitional and long-term housing that
7 others can access through that broad process. I don't
8 have any numbers that would indicate the usage of that by
9 male perpetrators. As other witnesses have said, they may
10 not disclose their history and we may not know that. In
11 fact, I'm pretty sure we wouldn't know that.

12 MR MOSHINSKY: To the extent that they do disclose, do you keep
13 that data?

14 MR ROGERS: I would need to check that. I'm not aware of the
15 answer to that, I'm sorry.

16 MR MOSHINSKY: If you could check, that would be useful. Then
17 over the next page you have a section about challenges.
18 There's a heading "Demand for services exceeds available
19 supply" and, at paragraph 172, the growth in people
20 seeking homelessness services is a 15.9 per cent growth
21 between 2011/2012 and 2013/2014 and you indicate that it's
22 not been matched by an increase in accommodation and
23 housing, so I take it from the discussion we had early on
24 that there's no sort of specific plan in place to remedy
25 that gap?

26 MR ROGERS: We are developing a plan, in relation to the assets
27 available to me already, as to what growth opportunities
28 we would have from that. Beyond that, there is not a
29 broad plan around the investment in social housing over
30 the next number of years or beyond that. So I am
31 developing a plan around the assets available to me, how

1 we can actually change perhaps the number of allocations
2 by improving that and looking at the match of properties.
3 That's the plan I'm working on. But in relation to a
4 broader plan for growth of social housing, that doesn't
5 exist at this time.

6 MR MOSHINSKY: In paragraph 180 you make a comparison between
7 the position in Victoria to the position in other states.
8 You indicate that compared to the national average of
9 3.9 per cent for the proportion of housing available
10 that's state housing, Victoria has only 2.8 per cent.

11 Other witnesses have used different figures.
12 They have said - and you may have seen this in their
13 witness statements - that the national average is about
14 5 per cent social housing of the residential housing
15 available and in comparison Victoria has about
16 3.8 per cent.

17 Are you able to comment on those figures, whether
18 they are right?

19 MR ROGERS: I think they are broadly correct. The difference
20 between the numbers I quote, I'm referring to public
21 housing as opposed to the broader social housing
22 provision, so those numbers you have just mentioned to me
23 sound broadly right, I'm not exactly sure. But that's
24 about the right relationship between social housing in
25 Victoria and nationally and this is the number relating to
26 public housing in Victoria compared to the national
27 average of public housing, i.e. public housing operated by
28 the Director of Housing.

29 MR MOSHINSKY: So why is it that Victoria has from those
30 figures less social housing than the national average?

31 MR ROGERS: It will be a product of a couple of things. In

1 relation to public housing, there has been some
2 differences in Victoria which is some time ago now, which
3 is back 20 to 30 years, where the then Housing Commission
4 had a policy of selling public housing quite in a major
5 way to tenants. So there were many thousands of
6 properties transferred from public rental stock of
7 Director of Housing to home ownership.

8 As I understand, that scale was not something
9 that other states and territories did. So there will be a
10 difference in approach in Victoria which is quite old now,
11 but in terms of the recent supply it will be a product of
12 what's been invested by governments in this area. Most
13 supply of this area would be around what Commonwealth and
14 State Governments have provided in terms of funding for
15 asset growth. Some of it will be to a lesser scale things
16 I have been talking about, about opportunities to grow
17 public housing and social housing.

18 MR MOSHINSKY: In paragraph 182 you say that the average
19 waiting time for public housing for those clients who have
20 received early housing allocation is estimated to be
21 10.5 months in 2015 to 2016, and that's from the budget
22 paper. But, rather than looking at the budget in terms of
23 actual past years, is there data on how long it takes on
24 average to get into public housing?

25 MR ROGERS: In relation to the early housing waiting list, we
26 report the target and we report the actual number. So the
27 actual number is around about the target for the last few
28 years. It's increased over time and I can give you those
29 numbers. I don't have them back to 2004/05, but we do
30 collect the actual and report on the actual against the
31 target as part of our annual reporting process. It will

1 have increased somewhat in that time and I can give you
2 those numbers. That's the time it takes to get - it's an
3 average time, so clearly it will take some people longer
4 and obviously some people shorter. It will also depend on
5 the area that you would want to live and the stock you
6 want. For some people it will be harder to find their
7 particular requirements, hence there's quite a spread of
8 waiting times, but the average is as I mentioned in the
9 statement.

10 MR MOSHINSKY: Just so this is clear, is this average just for
11 those people who actually get the public housing rather
12 than the average for everyone who is on the waiting list?

13 MR ROGERS: It's the average for people who get public housing.

14 MR MOSHINSKY: I see. In the next section, page 30, you deal
15 with services for Aboriginal families. In paragraph 185
16 you say, "I outline below the availability of specialist
17 family violence and homelessness services for Aboriginal
18 families which is in addition to mainstream services."
19 Then you have paragraphs 186, 187 and 188.

20 I take it from that that there's specific refuges
21 that can accommodate around 15 families and then there are
22 no specific Aboriginal youth housing services and that
23 there are no specific crisis accommodation facilities. So
24 is that essentially the sum total of the Aboriginal
25 facilities that are available for family violence?

26 MR ROGERS: Yes, that's correct. The paragraphs below that
27 refer to the specialist facilities. They of course can
28 access crisis facilities more generally and they can
29 access other facilities as well.

30 MR MOSHINSKY: I just notice the time, Commissioners.

31 I probably have about five or 10 more minutes. Is that

1 possible?

2 COMMISSIONER NEAVE: Yes.

3 MR MOSHINSKY: Thank you. There was evidence, Mr Rogers,
4 yesterday which I think may have been drawn to your
5 attention about the funding for housing for Aboriginal
6 people, both those experiencing family violence and who
7 have used family violence. I will just read a portion
8 from Ms Bamblett's evidence at page 794 of the transcript.
9 She said, "The closure of the George Wright Aboriginal
10 Hostel, those hostels are going to put more pressure on
11 the system."

12 "We know that the current housing providers are
13 getting a lot of people coming from interstate that are
14 putting pressure on our system, Aboriginal people coming
15 from interstate. What are we doing? We don't have a plan
16 around family violence. We need a range of models for
17 family violence, not just one model; transitioning,
18 working with women that are escaping violence; but also to
19 work with men and women around getting children back home.
20 You need a range of housing options, not just thinking
21 that it's as simple as having a strategy. It's about
22 organising for housing stock to be available for women
23 escaping violence."

24 So can I invite you to respond to those comments
25 that we had yesterday about the housing options and the
26 need for a plan and to implement the plan?

27 MR ROGERS: In terms of the general proposition that was put to
28 you yesterday that you need a range of housing options for
29 Aboriginal women, I certainly agree with that and I agree
30 with that more broadly that people need options that best
31 fit their individual needs.

1 In relation to the growth of supply of housing
2 for Aboriginal women or Aboriginal men and more broadly,
3 again that's something that I can do in terms of the asset
4 base I have. But, in terms of a broader plan, that would
5 depend on a broader resource allocation that would be
6 available to me from either the Commonwealth or State
7 Government.

8 We don't have a plan in terms of specific
9 increases in that sort of housing. We would develop a
10 plan if we were aware that funding was available to us.
11 But I will be developing a plan within the assets I have
12 available to me. You mentioned the particular hostel.

13 MR MOSHINSKY: Yes. Could you comment on that?

14 MR ROGERS: I have made enquiries regarding that. That was not
15 something that was funded by the department. I think it
16 was funded through another way, perhaps with the
17 Commonwealth. I haven't been able to locate a specific
18 reference to where there was an approach to the department
19 about that funding. But that could take a few more days
20 than I have available to me now. I am pursuing that to
21 see what happened with that particular request, if indeed
22 we received it or when we received it.

23 MR MOSHINSKY: Could I take you to page 35 of your statement,
24 paragraph 209, where you deal with affordability of rental
25 properties in metropolitan Melbourne. You provide some
26 figures as to what percentage of properties would be
27 affordable to Centrelink recipients. In the witness
28 statement of Lucinda Adams and Antoinette Russo, who gave
29 evidence just before you, in paragraph 40.5 they say, "A
30 recent snapshot of private rental properties showed that
31 less than 0.1 per cent of rental properties in

1 metropolitan Melbourne are affordable for single parents
2 relying on the single parenting pension and only
3 0.8 per cent of rental properties are affordable for these
4 families in coastal or regional Victoria." Does that
5 accord with your understanding of the affordability
6 position?

7 MR ROGERS: The numbers that I have quoted in my statement
8 refer more broadly to Centrelink recipients. That's a
9 broader range of people. The rental report we release is
10 prepared for us based on rental data. The numbers are not
11 exactly in accord with each other. But generally both
12 point to a serious lack of affordability of housing in
13 Victoria, particularly metropolitan Melbourne. So, whilst
14 the numbers are slightly different, the intent of both is
15 to sort of show that affordability of the private rental
16 market is limited to people on Centrelink benefits.

17 MR MOSHINSKY: Just one other question. In terms of tenants of
18 properties which are part of the social housing that the
19 Director of Housing provides funding for or owns, are
20 there policies for family violence if tenants in those
21 properties suffer family violence?

22 MR ROGERS: There are a number of existing policies that we
23 have and a couple of policies regarding transfer that are
24 currently under review following an approach to us from
25 some family violence agencies. So we are redeveloping a
26 couple of policies regarding transfer now. We have
27 policies regarding discretion regarding evictions if the
28 woman who has been subject to family violence, policies
29 regarding damage to the property caused by the perpetrator
30 that shouldn't be the responsibility of the tenant if the
31 tenant is the victim, and some policies regarding other

1 arrangements where the tenant should be not disadvantaged
2 if they are the victim of family violence.

3 But we were approached last month around a couple
4 of policies regarding transfer. So we are reviewing those
5 at the moment. They are back with those agencies for
6 comment before they are finalised. We hope to finalise
7 them by August.

8 MR MOSHINSKY: Have there been changes in recent times to the
9 policies which make it more difficult, for example, for a
10 victim of family violence to establish that damage was
11 caused by family violence?

12 MR ROGERS: The evidence early today talked about - that the
13 damage that was caused by an illegal action of the
14 perpetrator was not the responsibility of the tenant.
15 Clearly if the woman is not the tenant then it is not her
16 responsibility. But where she is the tenant and the
17 perpetrator has caused some damage, the intent of that was
18 to relieve the woman, the victim, of the responsibility
19 for the maintenance. I have heard today that that may be
20 a barrier to that. That's certainly not the intent.
21 I intend to relook at that policy to make sure that that
22 intent is clear. We don't place any liability on the
23 victim for damage caused by the perpetrator.

24 MR MOSHINSKY: Thank you. Commissioners, those are the
25 questions that I have.

26 DEPUTY COMMISSIONER NICHOLSON: I have one question. A number
27 of witnesses throughout today have suggested that really
28 there's a need for a reorientation in favour of rapid
29 rehousing. Of course this could be achieved if there was
30 a substantial increase in social housing. In the absence
31 of a substantial increase in social housing stock any

1 rapid rehousing scheme would be dependent upon the private
2 rental market. As other witnesses have pointed out, this
3 would of necessity involve some form of rental subsidy for
4 a certain period. Has the department done any modelling
5 on how this may work with the rental market and its
6 efficacy compared to the provision of capital funds?

7 MR ROGERS: We have done some work around the types of support
8 you would need to give a deeper subsidy and a longer
9 subsidy for private rental for some people. We have not
10 done any modelling that compares the cost of that approach
11 to the cost of longer term social housing, although
12 I firmly believe it would be less. Some work we will be
13 completing over the next two to three months around that
14 because we are intending to look at actually how we can
15 provide a much deeper and clearer subsidy so people can be
16 established in private rental, and that's one of the
17 planks of the reform that I have been talking about today.

18 DEPUTY COMMISSIONER NICHOLSON: Thank you.

19 COMMISSIONER NEAVE: Thank you, Mr Moshinsky. Thank you,
20 Mr Rogers.

21 MR MOSHINSKY: Could I just note that the statement of Simone
22 Doody has been provided to the Commission. We are not
23 calling her to give evidence, but that statement is put
24 forward.

25 COMMISSIONER NEAVE: Thank you.

26 MR MOSHINSKY: That completes the evidence for today,
27 Commissioners.

28 COMMISSIONER NEAVE: Thank you, Mr Rogers. It might be helpful
29 for you to be provided with a list of those reports that
30 we would like to have access to, but you have a note of
31 them presumably.

1 MR ROGERS: I made a note and others have made notes for me as
2 well. But we will compare notes.

3 COMMISSIONER NEAVE: Thank you.

4 <(THE WITNESS WITHDREW)

5 ADJOURNED UNTIL WEDNESDAY, 22 JULY 2015 AT 9.30 AM

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